



Information Handbook for Stream B Candidates

Australian Pharmacy Council Ltd

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Suite 3, Level 2 Ethos House
28-36 Ainslie Place
CANBERRA CITY ACT 2601
PO Box 269
CIVIC SQUARE ACT 2608
Telephone: +61 2 6247 5088
Facsimile: +61 2 6247 9611
Email: apec@pharmacycouncil.org.au
Website: www.pharmacycouncil.org.au

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1. Introduction and Summary

Australia has a federated system of government and is divided into six independently governed states and two territories. From 1 July 2010 pharmacists will be nationally registered with the Pharmacy Board of Australia (PBA) to practise pharmacy in all states and territories in Australia.

The Australian Pharmacy Council Ltd assists overseas trained pharmacists through an assessment process towards registration in Australia and thus enable them to practise their profession in Australia. The Council has devised an assessment process to enable overseas trained pharmacists to demonstrate their knowledge and competence to practise according to professional standards in Australia. This is known as the Stream A process.

It has also devised an alternative examination procedure for overseas trained pharmacists from certain countries recognised by the APC as having substantially equivalent educational processes and practice competencies and structures to Australia. These countries include the United Kingdom, Ireland, Canada and the United States of America and such pharmacists may demonstrate their competence to practise according to standards existing in Australia through this alternative process (Stream B).

Information regarding the APC assessment processes may be found on the APC website at www.pharmacycouncil.org.au

In brief, the Stream B process consists of:

Eligibility Assessment

An initial assessment of a candidate's qualifications and associated documents is undertaken to determine an applicant's eligibility to undertake either of the APC procedures, Stream A or Stream B.

If an applicant is eligible for the APC process he or she is eligible to undertake Stream A. However certain applicants may be eligible for an alternative assessment process, Stream B, if the additional following criteria are met:

- The applicant holds a qualification from an accredited institution in a country overseas or a jurisdiction recognised by the APC;
- The applicant holds a current registration to practise as a pharmacist in a country or jurisdiction recognised by the APC; and,
- The applicant provides certificates of good standing from all jurisdictions in which the applicant has been registered at any time over the past 10 years.

Competency Assessment of Overseas Pharmacists (CAOP)

The CAOP consists of one paper of 100 multiple choice questions (MCQ) plus one short answer question, to be taken over two and a half hours. It is based on the competencies currently existing for Australian pharmacy practice. This examination will be available in London, Auckland and all capital cities in Australia.

PBA Registration requirements

After successful completion of the CAOP candidates will be referred to an Office of the PBA to undertake the registration process. They will be required to present their CAOP results letter as evidence of eligibility to undertake the registration process, which will include:

- a period of supervised practice in an Australian pharmacy under the direct supervision of a registered pharmacist
- an oral examination
- evidence of undertaking secondary schooling and pharmacy undergraduate studies in English in the United Kingdom, Ireland, United States, Canada and South Africa

Supervised practice

Supervised practice is a period of practical experience of at least 152 hours undertaken in an Australian community pharmacy or hospital pharmacy department under the supervision of an Australian registered pharmacist. The placement must be approved by the PBA before commencement. It is to be commenced after successfully completing the CAOP.

Oral Examination

Candidates should contact an office of the Pharmacy Board of Australia or visit the website www.pharmacyboard.gov.au for more details on the oral Examination.

2. ELIGIBILITY CRITERIA (Stream B)

General eligibility for the APC process is open to any overseas trained pharmacist who has completed an approved pharmacy program. An approved pharmacy qualification awarded after 1 January 2006 must include a minimum component of the equivalent of four years full time academic study. A person who graduated prior to 1 January 2006 must have completed an approved pharmacy program which required the equivalent of at least three years full time academic study. The applicant must also be registered or eligible for registration as a pharmacist in the country in which the qualification was obtained.

However, to qualify for entry into the APC Stream B Process an applicant, in addition to the above, must satisfy all the following conditions.

- Hold a qualification from an accredited institution in a country or jurisdiction formally recognised by the APC;
- Is currently registered to practice as a pharmacist in a country or jurisdiction formally recognised by the APC; and,
- Hold certificates of good standing from all jurisdictions in which the applicant has been registered at any time during the last 10 years.

At the time of writing the countries recognised by the APC are: the United Kingdom, Ireland, Canada and the United States of America. All those countries have accreditation programs for university degree courses and the APC will accept a qualification from a university with an accredited degree course.

Applicants should note that registration alone in a country recognised by the APC does not necessarily entitle an applicant entry into Stream B. For example pharmacists from countries belonging to the European Economic Community (other than the UK and Ireland) with registration with the Royal Pharmaceutical Society of Great Britain or the Pharmaceutical Society of Ireland through treaty arrangements would not be eligible for the Stream B process. However, if their registration resulted from an adjudicating process, rather than an agreement or treaty, they may be eligible for Stream B.

To date there are no overseas individual jurisdictions or institutions with APC accreditation.

(Criteria for recognition by the APC for the purposes of Stream B includes: a recognised accreditation process for university-based pharmacy degree courses; a legislative basis for the registration of pharmacists; a level of competency required to practise pharmacy which is considered by the APC to be substantially equivalent to that required in Australia; and, a practice of pharmacy which is considered by the APC to be substantially equivalent to practice in Australia.)

2.1 Application for Initial Assessment

Pharmacists who are interested in undertaking the APC Stream B process must first apply for an assessment of their qualifications to determine their eligibility to undertake the competency assessment. An application form for this assessment may be obtained from the APC website www.pharmacycouncil.org.au. Candidates will be assessed by the APC as eligible to undertake either the Stream A or Stream B process – they do not determine which path they take

themselves. However, they are required to indicate on the Application for Eligibility Assessment form whether they wish to be considered for Stream B.

An APC eligibility assessment is not an application to sit the CAOP.

2.2 Documents Required to be Submitted

The following documents **must** accompany the Application for Assessment form

- A **certified** copy of the applicant's identification document eg passport or identity card;
- A **certified** copy of pharmacy qualification papers (such as degree, diploma, certificate etc);
- A **certified** official transcript of educational courses completed showing subjects, hours and examination results and where applicable, details of practical and clinical education; and,
- Evidence of professional work experience as a pharmacist from graduation to the present, and two written letters of reference from employers or, if self employed, two references from professional colleagues, relating to your professional competence as a pharmacist.

If applicable the following documents **must** be provided:

- A **certified** copy of evidence of original and current registration or licence to practise. (If either the country of training or current employment do not have a legislative process for registration/licensure then a legal statement of explanation witnessed by an official Notary Officer or Justice of the Peace must be forwarded);
- A **certified** copy of internship;
- A **certified** copy of evidence of resident status in Australia (if the applicant resides in Australia);
- A **certified** copy of evidence of any change of name (eg marriage certificate, deed poll); and
- A **certified** copy of translation in English of any documents originally issued in a language other than English (the translated document must accompany a certified copy of the document in the original language).

Stream B applicants only

Applicants for the Stream B process should also forward a **certified** copy of their registration during the last ten years, and should arrange to have an **original** Certificate of Good Standing issued from each jurisdiction in which they have been registered in the last ten years. This Certificate should be sent directly to the APC from the licensing body, or be provided in a sealed envelope (the seal of the licensing body must be unbroken).

The Certificate of Good Standing will remain current with the APC for six months from date of issue.

2.3 Certification

It is essential that copies of documents be certified. A copy has to be clearly authorised as a true copy of the original by an appropriate person.

Persons who may certify documents in Australia include Justices of the Peace (JP), legal practitioners, admissions officers of all Australian universities and officers of state and territory government overseas qualifications units. Persons who may certify documents overseas include a Justice of the Peace, an official Notary Officer or an authorised staff member of an Australian embassy or consulate. To have your copies certified you will need to present both the original and the copy of each document to the person certifying the copies.

Each copy of the document must be certified separately and must clearly show:

- the words "certified true copy of the original";
- the signature of the certifying officer; and

- the name and address or provider/registration number (where appropriate) of the certifying officer legibly printed below the signature. It must be possible, from the details provided, for the APC to contact the certifying officer to confirm certification.

The application for assessment form and accompanying documentation, together with the assessment fee, should be sent to:

Postal Address(for normal mail)

Australian Pharmacy Council Ltd
PO Box 269
CIVIC SQUARE ACT 2608
AUSTRALIA

Street Address(for courier parcels only)

Australian Pharmacy Council Ltd
Suite 3, Level 2, Ethos House
28-36 Ainslie Place
Canberra City ACT 2601 AUSTRALIA

Fees should be in Australian dollars and made payable to the Australian Pharmacy Council Ltd. Payment may be made by Australian cheque or money order or an overseas bank cheque or bank draft payable on an Australian bank, or credit card.

Eligibility assessments take at least four weeks to process from the time all the correct documentation is received, and applicants should allow for this and mail delivery times between their country and Australia when seeking an assessment.

2.4 Fee

The fee for an eligibility assessment is payable in advance. Current fees may be found in the fee schedule at www.pharmacycouncil.org.au

2.5 Appeal against the Assessment Process

Information about the APC Appeals process can be found on the APC website at www.pharmacycouncil.org.au.

3. APPLICATION FOR ASSESSMENT PROCEDURES

Once an applicant's eligibility to undertake the CAOP has been confirmed, the APC will provide the candidate with an application form for the CAOP.

The application form and the assessment fee for the CAOP should be sent to the APC. See www.pharmacycouncil.org.au

4. COMPETENCY ASSESSMENT OF OVERSEAS PHARMACISTS (CAOP)

The CAOP is in multiple choice (MCQ) and short answer question format. It is designed to assess the candidate's competence relative to the present day practice of pharmacy in Australia as defined in the *Competency Standards for Pharmacists in Australia 2003*. The Competency Standards are available for purchase from the Pharmaceutical Society of Australia (www.psa.org.au).

4.1 Structure of the CAOP

The assessment will cover pharmacy practice in Australia and consists of one paper which will comprise 100 multiple choice questions (MCQ) and a short answer question. The paper will be of two and a half hours duration. The assessment is a restricted open book examination; the only allowable texts are the current editions of the *Australian Medicines Handbook*, *Australian*

Pharmaceutical Handbook and Formulary and British National Formulary. Candidates are required to achieve an overall pass in the CAOP, with a pass in each of the functional areas.

MCQ questions are single response, multiple choice questions. Each question is followed by several suggested answers. The candidate selects one which represents the best answer and marks the corresponding letter alongside the question number on the answer sheet. Previous examination papers are not available. However, a number of sample MCQs are provided at Appendix A.

In addition to the standard MCQ questions, the assessment may include questions on a patient profile. This question type will consist of a patient profile or record (as might be used in a community pharmacy, an institution or an aged persons nursing home), and several questions which relate to that profile. Note that in any profile set of questions, all questions relating to that profile will be independent of each other. Samples of patient profiles are at Appendix B.

The short answer question is designed to assess the candidate's communication skills and will require the candidate to provide a short (100 to 150 word) text on an aspect of pharmacy practice. For example the question may require a letter from a pharmacist to a patient detailing an unusual medicine dosage regimen. A sample short answer question is included in Appendix C.

4.2 Scope of the Assessment

The assessment covers the following functional areas of the Competency Standards:

Apply professional communication skills (Competency Unit 2.1)

- adopt sound principles for the communication process;
- manage input to communication; and,
- facilitate the communication process.

Promote and contribute to the optimal use of medicines: participate in therapeutic decision-making (Competency Unit 3.1):

- Obtain patient history
- Review medication treatment
- Recommend treatment changes
- Assist self-management by patients
- Facilitate patient follow-up

Promote and contribute to the optimal use of medicines: provide ongoing pharmaceutical management (Competency Unit 3.2):

- Follow-up selected patients
- Initiate interventions
- Manage patient records.

Dispense medicines: evaluate prescribed medicines (Competency Unit 4.2):

- consider prescribed medicines
- Examine prescribed medicines in the context of medication history and current treatment
- Promote optimum medication treatment

Dispense medicines; supply prescribed medicines (Competency Unit 4.3):

- Apply a systematic dispensing procedure
- Maintain records.

Provide primary health care; assess primary health care needs (Competency Unit 6.1):

- elicit relevant clinical information
- identify management options
- Initiate the involvement of and work with other health professionals and organisations

Provide primary health care; address primary health care needs (Competency Unit 6.2):

- Facilitate the supply of appropriate medicines
- Provide advice to support the use of selected or recommended medicines
- Maintain appropriate records for supply an selected or recommended medicines

- Select and provide advice on the use/care of other health care products and devices/equipment
- Provide advice on non-medical management options
- Provide direct care consistent with the role of a pharmacist.

Provide primary health care; promote good health in the community (Competency Unit 6.3):

- Provide information on and participate in public health strategies directed at the prevention or early detection of disease
- Assist patient efforts to manage risk factors and monitor disease states
- Gather information required to improve the effectiveness and relevance of primary health care activities,

As part of the Stream B process a candidate is entitled to two attempts at the CAOP. If the candidate fails both attempts he or she will be excluded from the Stream B process and be required to undertake the APC Stream A process prior to applying for registration in Australia.

4.3 Purpose of CAOP

The CAOP is not dissimilar to the written examination used by the Pharmacy Board of Australia as a common assessment tool to assist in the assessment of pharmacists for registration. The difference between the written examination and the CAOP is that CAOP does not include questions that could be considered specific to Australian pharmacy practice (for example questions concerning the Pharmaceutical Benefits Scheme or local acts and regulations) that overseas pharmacists would not be expected to be familiar with.

4.4 Objectives of CAOP

The objectives of CAOP are to assess a candidate's ability to apply his or her knowledge and experience to the practice of pharmacy, and to assess that a candidate is competent to practice as defined by the document, *Competency Standards for Pharmacists in Australia*.

The questions used in the CAOP are based on a range of competency units as previously outlined in Section 5.2. Copies of the competency document can be obtained from:

Pharmaceutical Society of Australia (National Secretariat)
 PO Box 21
 Curtin ACT 2605
 AUSTRALIA
 Telephone: 61 2 6283 4777
 Fax: 61 2 6285 2869
 Website: www.psa.org.au

4.5 Suggested Texts

- *Competency Standards for Pharmacists in Australia 2003* (available from the Pharmaceutical Society of Australia)
- *Australian Medicines Handbook (AMH) "current edition"*
- *Australian Prescriber*: <http://www.australianprescriber.com>
- Martindale: *The extra pharmacopoeia*: The Pharmaceutical Press, London.
- *Australian Pharmaceutical Formulary and Handbook (APF): "current edition"* (distributed by the Pharmaceutical Society of Australia; also contains a list of useful websites)
- *Pathology and therapeutics for pharmacists*: (available from the Pharmaceutical Society of Australia).

Candidates are also advised to consult their own School of Pharmacy for suitable references. Please note that the APC cannot provide candidates with the above texts or act on their behalf in purchasing textbooks.

A list of Schools of Pharmacy in Australia may be found under the [Accreditation](http://www.pharmacycouncil.org.au) link at APC's website at www.pharmacycouncil.org.au.

Addresses of Schools of Pharmacy in Australia may be found by visiting the [Links](#) section at APC's website at www.pharmacycouncil.org.au.

A sample of the answer sheet is at Appendix D.

4.6 Closing Dates for the CAOP

The CAOP will be offered four times per year in March, June, September and December. The closing date for the acceptance of applications to sit the CAOP is 1 January for the March session, 1 April for the June examination, 1 July for the September examination and 1 October for the December examination. Late applications will not be accepted. Candidates should allow sufficient time for mail delivery, particularly in December when there are a number of public holidays in Australia and offices may be closed for varying periods between Christmas and the New Year.

4.7 Fees

Fees are payable in advance. These are subject to review and may be changed from time to time. Candidates may check current fees at any time by visiting the APC website www.pharmacycouncil.org.au.

Each fee allows only one attempt at each examination.

If a candidate is allowed to resit an examination a separate application to sit the examination must be completed and another examination fee paid.

Fees should be in Australian dollars and made payable to: *Australian Pharmacy Council Ltd.*

Payment may be made by Australian cheque, money order, overseas bank cheque or bank draft payable on an Australian bank or credit card. Fees collected by the APC are used to provide assessments and defray the costs associated with the maintenance and provision of the examinations.

4.8 Withdrawal Fees

Examination enrolments will not be transferred from one examination session to another.

A candidate will forfeit forty percent (40%) of the CAOP Examination fee if notice of intention to withdraw from an examination is given to the APC at least four weeks before it is due to be held. A candidate withdrawing within four weeks of an examination will forfeit the whole fee unless they can produce a relevant medical certificate - in which case forty percent (40%) of the fee will be forfeited.

Candidates may check current fees at any time by visiting the APC website www.pharmacycouncil.org.au.

4.9 General Information

The examinations are conducted under strict supervision.

The candidate should take a non-programmable, battery-operated, pocket calculator without an alphabet keyboard into the examination. Programmable calculators with an alpha-numeric keyboard will not be allowed. Neither will mobile phones and written material, other than the allowable texts; the only allowable texts are the current editions of the *Australian Medicines Handbook*, *Australian Pharmaceutical Handbook and Formulary* and *British National Formulary*.

For some questions it may be useful to refer to the allowable texts. The reference material should NOT contain annotations, hand written notes or loose additional notes. However, parts of the text may be highlighted or flagged prior to the examination.

The candidate should attempt all questions. Marks will not be deducted for incorrect answers.

4.10 Pass Mark

Results for the CAOP are provided on a Pass/Fail basis. In addition to achieving an overall pass in the CAOP Examination, each candidate is also required to achieve a pass in each of the functional areas.

4.11 Results of the CAOP

Candidates will be advised in writing of their results which will be dispatched approximately four weeks after the date of the CAOP. Results will also be posted on the APC website www.pharmacycouncil.org.au on the day that the results letters are posted by mail.

Results will not be given by telephone, fax or e-mail.

4.12 Validity Periods

The validity period (that is the period to commence supervised practice in Australia) for candidates who achieve a pass in CAOP is two years. The two year period commences from the date of the CAOP results letter. Candidates failing to commence supervised practice by the end of the two year period will be required to re-sit the CAOP. There will be no requirement for another eligibility assessment of qualifications.

4.13 Re-mark Fee

A candidate may request a re-mark of the CAOP Paper. Candidates may check current fees and methods of payment at any time by visiting the fee schedule on the APC website www.pharmacycouncil.org.au. A written request seeking a re-mark and accompanied by the fee for the relevant amount should be forwarded to the APC. **Any request for a re-mark should be made within 28 days of the date of the issue of examination results.**

4.14 Number of attempts for the CAOP

As part of the Stream B process a candidate is entitled to two attempts at the CAOP. If the candidate fails both attempts they will be excluded from the Stream B process and be required to undertake the APC Stream A process prior to applying for registration in Australia.

The APC may expel a candidate at any time during the Stream B process if it reasonably believes the candidate guilty of unprofessional behaviour.

A guide to the CAOP may be found on the Examinations page on the APC website at www.pharmacycouncil.org.au.

5. PRACTICE EXPERIENCE

Following successful completion of the CAOP, a candidate is required to complete a period of supervised practice in an approved hospital or community pharmacy in Australia. This period will comprise a minimum of 152 hours over at least 4 weeks - but may be longer depending on the educational and professional experience of the candidate.

Candidates should note that unpaid training will not be counted towards the required number of hours.

The purpose of practice experience is to enable the candidate to become familiar with the practice of pharmacy in Australia and local Acts and regulations. Supervised practice must be completed to the satisfaction of the Pharmacy Board of Australia and the placement must be approved by the PBA before commencement.

It is the candidate's responsibility to arrange the practice experience and to check with the PBA to ensure that the pharmacy concerned is suitable for supervised practice.

Visa information: Candidates must hold an appropriate visa which allows them to work under supervision in a training position. Candidates should contact their nearest migration office for further information on visas.

6. ORAL EXAMINATION

The oral competency examination is conducted by the PBA.

Candidates should contact an office of the Pharmacy Board of Australia or visit the website www.pharmacyboard.gov.au for more details on the oral Examination.

7. APPEALS

The APC has developed an appeals procedure and information about the Appeals Policy and Procedure may be found on the APC website at www.pharmacycouncil.org.au

APPENDIX A - Sample CAOP Questions

Correct answer is indicated by *

1. Attention deficit hyperactivity disorder (ADHD) may be treated with behaviour management, educational programs, parental counselling and medications. Which of the following medications is **NOT** generally used in the treatment of ADHD in children?

- A methylphenidate
- B dexamphetamine
- C imipramine
- D clonazepam
- E clonidine

Answer: D

2. A patient phones the pharmacy complaining of nausea and pale stools. On checking her profile, you find the following regimen

Prednisolone 5mg	i	mane
Naproxen 1g	i	daily cc
Omeprazole	i	daily
Methotrexate 2.5mg	iii	weekly cc
Folic acid 5mg	i	daily

The **MOST** likely cause of this patient's symptoms would be?

- A naproxen
- B methotrexate
- C omeprazole
- D prednisolone
- E folic acid

Answer: B

3. A male patient, age 45, presents with a prescription for *simvastatin 10mg, take one each day*. It is his initial therapy with this drug.

What is the optimal time to take this drug?

- A in the morning
- B at lunch time
- C any time during the day, but after meals
- D at night
- E any time during the day, but before meals

Answer: D

4. A young mother comes into your pharmacy and requests a bottle of trimeprazine syrup to help her 6 month baby settle at night. She reports that she purchased a bottle previously, which worked well, but that it doesn't seem as effective now. Which of the following is the **MOST** appropriate action?

- A change medication to promethazine
- B increase the dose of trimeprazine
- C advise that trimeprazine should not be used in children less than 2 years of age
- D highlight problems with long-term sedative use
- E advise that trimeprazine loses potency once opened

Answer: C

5. All of the following medications are used in the treatment of rheumatoid arthritis **EXCEPT**?

- A sulfasalazine
- B hydroxychloroquine
- C methotrexate
- D meloxicam
- E olsalazine

Answer: E

6. For a recently bereaved 78 year old woman, which of the following would be the **MOST** appropriate choice to treat insomnia?

- A nitrazepam
- B temazepam
- C midazolam
- D diazepam
- E paroxetine

Answer: B

7. A patient experiencing menopausal symptoms has been prescribed, at different times, the following regimens:

- Regimen A: Conjugated equine oestrogens 0.625mg Days 1-28
Medroxyprogesterone 10mg Days 1-12
- Regimen B: Conjugated equine oestrogens 0.625mg Days 1-28
Medroxyprogesterone 5mg Days 1-28

Regimen B is **NOT** the preferred hormone replacement therapy option before menopause because

- A of the increased risk of breast cancer compared with regimen A
- B breakthrough bleeding is unpredictable and heavy
- C of the increased risk of deep vein thrombosis
- D breakthrough bleeding is scant and continuous

Answer: B

8. In the treatment of epilepsy, carbamazepine has anticonvulsant activity in patients with a wide variety of seizure disorders **EXCEPT**:

- A generalised tonic clonic seizures (gran mal seizures)
- B simple partial seizures
- C complex partial seizures
- D absence seizures
- E complex partial seizures secondarily generalised

Answer: D

9. A female patient has coeliac disease. She wants your advice regarding preparations that are suitable for patients with coeliac disease. You should advise her to avoid preparations containing

- A grains
- B glucose
- C lactose
- D gluten
- E iron and calcium

Answer: D

10. Which of the following statements is **CORRECT** with regard to medication administration in renal impairment?

- A loading doses of medications (except digoxin) should normally be reduced in patients with renal failure
- B creatinine clearance provides a good approximation of kidney reabsorption function
- C angiotensin converting enzyme (ACE) inhibiting medications should be used cautiously in patients with renal vascular disease
- D a patient less than 50 years would normally have a creatinine clearance of 40 - 60mL/minute
- E nitrofurantoin is an effective urinary tract antiseptic in patients with renal impairment

Answer: C

11. Gemfibrozil should be discontinued if a patient complains of

- A weight gain
- B constipation
- C diarrhoea
- D muscle pain
- E urinary frequency

Answer: D

12. A common side effect of felodipine is

- A persistent dry cough
- B flushing
- C sexual dysfunction
- D sleep disturbances
- E postural hypertension

Answer: B

13. What is the normal range for international normalised ratio in the treatment of thrombosis?

- A < 1.0
- B 1.0 - 1.5
- C 2.0 - 3.0
- D 2.5 - 5.0
- E 4.0 - 7.0

Answer: C

14. A patient phones your pharmacy and asks when they should stop taking clopidogrel prior to their upcoming surgery. They recall being told to stop it, but don't know when. The MOST appropriate advice would be

- A 6 hours pre-operative
- B 24 hours pre-operative
- C 3 days pre-operative
- D 7 days pre-operative
- E 3 weeks pre-operative

Answer: D

15. A patient presents you with a script for methotrexate for rheumatoid arthritis. Which of the following counselling points should **NOT** be offered to the patient?

- A avoid excessive sunlight exposure
- B take dose once weekly
- C take on an empty stomach
- D special handling and disposal is required
- E do not take more than one aspirin tablet each day

Answer: C

16. Which of the following is **NOT** a side effect of erythromycin?

- A diarrhoea
- B photosensitivity
- C abdominal pain
- D pain on intravenous administration
- E cardiac arrhythmia

Answer: B

17. Which of the following is **NOT** a likely side effect of using prednisolone to treat rheumatoid arthritis long term?

- A osteoporosis
- B hyperglycaemia
- C skin atrophy
- D fat redistribution
- E platelet disorders

Answer: E

18. A female patient, age 36 years, phones your pharmacy and complains of having a sore and swollen calf muscle, with no apparent reason for the problem. She is on the following medication regimen:

trimethoprim 300 mg at night
ethinyloestradiol 30/ levonorgestrel 150 one tablet daily
omeprazole 20 mg daily
citalopram 20 mg daily
naproxen 250 mg every eight hours when required

Which medication is **MOST** likely associated with her symptoms?

- A trimethoprim
- B ethinyloestradiol 30/ levonorgestrel
- C omeprazole
- D citalopram
- E naproxen

Answer: B

19. The antihypertensive medication class that should **NOT** be used for patients with gout is

- A diuretics
- B β blockers
- C selective β 1 blockers
- D calcium channel blockers
- E angiotensin converting enzyme inhibitors

Answer: A

20. Which of the following is **INCORRECT** with regards to allopurinol?

- A allopurinol can commonly cause an itchy rash
- B allopurinol is used as a prophylactic agent for gout
- C the dose of allopurinol should be reduced in severe renal impairment
- D allopurinol should be given in a high loading dose to quickly resolve an attack of gout
- E allopurinol can interact with azathioprine increasing the risk of bone marrow depression

Answer: D

21. With regards to erythromycin, which of the following is **CORRECT**?

- A bioavailability is greater if taken on an empty stomach, but erythromycin may be taken with food if stomach irritation occurs.
- B erythromycin should always be taken with food to reduce the incidence of nausea, vomiting and diarrhoea.
- C erythromycin base should always be taken with food, whilst the ethyl succinate and stearate salts should always be taken on an empty stomach.
- D erythromycin should be taken on an empty stomach, as bioavailability is reduced by 80% if taken with food.
- E erythromycin should be taken strictly 6 hourly

Answer: A

22. A patient is prescribed a selective serotonin re-uptake inhibitor. Which of the following should you include in your counselling?

- A take each morning

- B stop the medication once you are feeling better
- C take at night
- D take only when needed
- E avoid aspirin when taking the medication

Answer: A

23. Which of the following is the **CORRECT** information to give to a person taking alendronate?

- A take with milk to enhance absorption
- B take at bedtime to avoid possible drowsiness
- C take one hour before or two hours after a meal
- D avoid taking iron supplements within two hours
- E take in the morning with breakfast to avoid stomach upset

Answer: D

24. With which of the following medications is it **MOST** important to maintain a high fluid intake?

- A allopurinol
- B ibuprofen
- C ramipril
- D cephalexin
- E frusemide

Answer: A

25. Which of the following statements is **CORRECT**, with regards to glyceryl trinitrate spray?
When using the spray for the first time, the medication should be

- A shaken and discarded 3 months after opening; a maximum single dose of 2 puffs under the tongue should be used over 15 minutes
- B primed and sprayed under the tongue; a maximum of 5 puffs should be used over 15 minutes
- C primed and discarded 3 months after opening; a maximum single dose of 2 puffs under the tongue should be used 15 minutes
- D primed and sprayed under the tongue; a maximum single dose of 2 puffs should be used over 15 minutes

Answer: D

26. A patient is receiving palliative care for terminal stages of bowel cancer. He has been taking oral controlled release morphine tablets regularly. He presents with a new prescription for morphine liquid 5mg/mL. Which of the following is the **MOST** appropriate advice for this patient, with regards to the initial use of morphine liquid?

- A take the liquid regularly every four hours
- B take the liquid when required for breakthrough pain
- C stop the morphine sulfate tablets and just use the liquid
- D take the liquid with the regular dose of morphine sulfate tablets
- E take the liquid regularly and take the morphine sulfate tablets when required

Answer: B

27. A teenage girl with mild acne comes into the pharmacy and asks for something to help her skin. She has not used anything previously. The **MOST** appropriate recommendation would be

- A benzoyl peroxide 2.5%
- B to see her doctor for topical clindamycin
- C benzoyl peroxide 10%
- D to see her doctor for oral doxycycline
- E tea tree oil

Answer: A

28. A mother is concerned her child has nits. You should advise that she look for

- A small winged insects in the child's hair
- B white eggs stuck to hair shafts close to the scalp
- C white eggs stuck to the scalp and areas of redness on the scalp
- D small insects in the child's hairbrush and on bed linen
- E redness of the scalp and restlessness during sleep

Answer: B

29. A 55 year old male asks for something for a recent and painful muscle sprain, he acquired while playing golf. On checking his profile you notice he is on the following medications

Atenolol 50mg	i	daily
Temazepam 10mg	i	nocte
Isosorbide Mononitrate	i	daily
Lithium 250mg	i	tds
Simvastatin 20mg	i	nocte
Docusate with senna	ii	nocte

Which of the following should you recommend?

- A aspirin/codeine
- B paracetamol/codeine/doxylamine
- C paracetamol
- D ibuprofen
- E glucosamine

Answer: C

30. A person has just received what appears to be a soft tissue injury, crossing the road to enter your pharmacy. They immediately ask for your advice. Which of the following should you recommend?

- A rest, heat and elevation
- B massage, heat and elevation
- C exercise, ice and compression
- D rest, ice, compression and elevation
- E massage, ice, compression and elevation

Answer: D

31. While filling a script for a 24 year old male patient for salbutamol, you notice he has not had his repeat for beclomethasone filled. On questioning, he tells you it made his throat sore and gave him horrible white patches on his tongue. Which of the following is LEAST appropriate?

- A suggest he uses a spacer device in conjunction with his inhaler
- B suggest he rinses his mouth with water after inhalation
- C counsel him regarding the benefits of regular use of his 'preventer' medication
- D suggest he regularly treats his thrush with nystatin oral drops

Answer: D

32. Which of the following statements is **CORRECT** with regard to garlic?

Garlic...

- A is of value in the treatment of human viral infections
- B appears to possess some antibacterial and anticoagulant properties
- C should be regarded as only exerting a placebo effect when used as a therapeutic agent
- D has proved to be of major benefit in its effects on blood lipids and apolipoproteins
- E is a modern fad treatment without any historical foundation of use

Answer: B

33. Symptoms of asthma include all of the following **EXCEPT**

- A night cough
- B shortness of breath
- C dizziness
- D tightness of chest

Answer: C

34. In addition to smoking, which of the following would place a patient at a higher risk of cardiovascular disease?

- A hypertension, diabetes and chronic airways limitation
- B diabetes, osteoarthritis and hypothyroidism
- C hypertension, diabetes and hypercholesterolaemia
- D hypercholesterolaemia, hypothyroidism and mild renal failure
- E hypertension, chronic airways limitation and osteoarthritis

Answer: C

2. Which of the following combinations of medication is MOST likely to be causing headache, nausea and blurred vision?

- A temazepam and metformin
- B digoxin and oxazepam
- C digoxin and spironolactone
- D spironolactone and ramipril
- E ramipril and frusemide

Answer: C

3. Which of the following medications is MOST likely to be responsible for Mrs Daly's dry cough?

- A verapamil
- B ramipril
- C glibenclamide
- D digoxin
- E spironolactone

Answer: B

4. On 5 October, you are asked to review Mrs Daly's medications. Which of the following interventions should you suggest?

- A add a slow release potassium tablet after meals
- B delete aspirin
- C change verapamil dose to SR 240mg daily
- D cease oxazepam immediately
- E reduce metformin to one daily

Answer: C

5. What classification of diuretic is frusemide?

- A carbonic anhydrase inhibitor
- B loop diuretic
- C potassium-sparing diuretic
- D thiazide diuretic
- E herbal diuretic

Answer: B

END OF PATIENT PROFILE

Patient Profile

Patient Name Bob Read
Address 3 Lilac Close, Lavender Bay ACT 2854
Age 23 Height 180cm
Sex Male Weight 80 kg
Allergies Aspirin

DIAGNOSIS

Presenting complaint 1. Knee injury (football)
Past medical history 1. Asthma (moderate)

MEDICATION RECORD

Date	Drug & strength	Qty	Sig
13/9	Naproxen 500mg	50	i bd
10/4	Beclomethasone 100mcg/dose	MDI	ii puffs bd
10/4	Terbutaline 500mcg/dose	DPI	i puff prn
10/1	Beclomethasone 100mcg/dose	MDI	ii puffs bd

PHARMACIST'S NOTES

Date	Comment
10/4	compliance not good with beclomethasone

1. Immediate treatment to help reduce pain and swelling in Mr Read's knee injury should include

- A ice packs for 10 minutes every 1-2 hours for up to 48 hours
- B ice packs for 10 minutes every 1-2 hours for the first 24 hours then start heat packs
- C use of a compression bandage on the knee and aspirin 300mg every 4 hours orally
- D methylsalicylate cream to be rubbed in well to the knee after ice treatment
- E active exercise to keep the knee flexible

Answer: A

2. Of the following, which is the MOST significant adverse effect of naproxen for Mr Read?

- A abdominal pain
- B effect on mental alertness
- C wheeze or cough
- D skin eruption
- E tinnitus

Answer: C

END OF PATIENT PROFILE

Patient Profile

Patient Name James Donell
Address 19 Townsend Street, Hackam
Age 19 Height 190cm
Sex Male Weight 90kg
Allergies Shellfish

DIAGNOSIS

Presenting complaint

1. Asthma

MEDICATION RECORD

Date	Medication & strength	Qty	Sig
1/12	Budesonide 400mcg/dose	DPI	ii bd
1/12	Nedocromil 2mg/dose	MDI	ii bd
1/12	Salbutamol 2mg/2.5mL	30	i qid prn for severe asthma

PHARMACIST'S NOTES

Date	Comment
1/12	Non-compliance suspected

1. Mr Donnell presents to his local pharmacist complaining of wheeze and shortness of breath. He requests supply of a cough suppressant mixture. The pharmacist should elicit details from the patient about all of the following **EXCEPT**

- A childhood history of respiratory tract infections
- B trigger factors for wheeze/shortness of breath
- C compliance details
- D regular medication
- E inhaler technique

Answer: A

2. Mr Donnell enquires about the supply of a metered dose aerosol salbutamol inhaler. The pharmacist has elicited a history suggestive of asthma. Which of the following would be appropriate?

- A supply salbutamol and request that he return to the pharmacy
- B supply salbutamol and recommend assessment by a doctor for re-evaluation
- C refuse supply and strongly recommend assessment by a respiratory physician
- D supply both salbutamol and salmeterol inhaler
- E check inhaler technique then supply salbutamol inhaler

Answer: B

3. Mr Donnell returns to the pharmacy with a prescription for prednisolone 50mg daily. He asks which adverse effects he may be likely to experience in the following week. Your advice should be

- A diarrhoea
- B dyspepsia
- C insomnia
- D constipation
- E rash

Answer: B

4. Long term side-effects of systemic corticosteroid therapy include all of the following **EXCEPT**

- A cushingoid features
- B osteoporosis
- C cataracts
- D thrombocytopenia
- E hyperglycaemia

Answer: D

END OF PATIENT PROFILE

Patient Profile

Patient Name Roger Benson
Address 7 Citrus Crescent, Mossy Rock
Age 74 Height 165cm
Sex Male Weight 60Kg
Allergies Nil Known

DIAGNOSIS

Presenting complaint 1. Hypertension
2. Angina
Past medical history 1. Arthritis
2. Peptic ulcer

LAB/DIAGNOSTIC TESTS

Date Test Reference Range

MEDICATION RECORD

Date	Drug & Strength	Qty	Sig
8/11	Perindopril 4mg	30	i mane
8/11	Simvastatin 10mg	30	i nocte
8/11	Sotalol 160mg	100	1/2 bd
8/11	Isorbide mononitrate 60mg	30	ii daily
7/11	Diphenoxylate 2.5mg & Atropine 0.025mg	20	i qid
16/10	Omeprazole 20mg	28	i bd
16/10	Naproxen 500mg	50	i bd
16/10	Aspirin 300mg	100	0.5 daily

PHARMACIST'S NOTES

1. Which of Mr Benson's medications is contraindicated with a peptic ulcer?

- A perindopril
- B simvastatin
- C sotalol
- D naproxen
- E omeprazole

Answer: D

2. Mr Benson discusses with you a constant pain in his side, which has existed for several months and which he has forgotten to discuss with his doctor. Of the following medications currently being taking by Mr Benson, which is the **MOST** likely cause of such a pain?

- A simvastatin
- B perindopril
- C sotalol
- D omeprazole
- E isosorbide mononitrate

Answer: A

3. Mr Benson has not previously been prescribed isosorbide mononitrate. Which of the following counseling points should you **NOT** give?

- A he should swallow his medication whole

- B he should take his isosorbide mononitrate morning and night
- C he may suffer some dizziness and nausea
- D he should take his medication at the same time each day
- E an additional tablet can be taken if acute pain occurs

Answer: B

END OF PATIENT PROFILE

Patient Profile

Patient Name Ken Richards
Address 101 Tarragon Hill, Herbsville
Age 69 Height 175cm
Sex Male Weight 75kg
Allergies Nil known

DIAGNOSIS

Presenting complaint 1. Behavioural disturbance

Past medical history

1. Hypertension
2. Chronic atrial fibrillation
3. Alzheimer's disease
4. Constipation and darkened stools – incontinence
5. Dizziness, light-headedness and occasional falls
6. Joint pains

LAB/DIAGNOSTIC TESTS

Date	Test	Reference Range
25/11	Haemoglobin 90g/L	(130-180 g/L)

MEDICATION RECORD

Date	Drug & strength	Qty	Sig
25/11	Paracetamol 500mg	100	ii q6h
25/11	Risperidone 1mg	60	i mane
17/11	Perindopril 2mg	30	i daily
17/11	Selegiline 5mg	100	i daily
4/11	Hydrochlorothiazide 25mg	100	i mane
30/10	Naproxen 500g	50	i bd
15/10	Docusate with Senna	90	ii bd
15/10	Ranitidine 150mg	60	i bd
7/9	Ferrous Sulfate 350mg	30	i mane
7/9	Chlorpromazine 25mg	100	i bd

PHARMACIST'S NOTES

Date	Comment
26/11	Request for medication management review.

1. Which of the following medications is the likely cause of the patient's darkened stools, dizziness and hypertension?

- A ranitidine
- B risperidone
- C perindopril
- D naproxen
- E ferrous sulfate

Answer: D

2. The risk of falls may be increased by drug-induced postural hypotension. Which of the patient's medications has hypotensive effects?

- A naproxen
- B ranitidine
- C perindopril
- D selegiline
- E ferrous sulfate

Answer: D

3. Hydrochlorothiazide was added recently to reduce fluid retention. Which of the following medications is **MOST** likely to have contributed to the fluid retention?

- A naproxen
- B perindopril
- C risperidone
- D chlorpromazine
- E ranitidine

Answer: A

4. Which of the following medications has a side effect which may have led to the introduction of selegiline?

- A perindopril
- B hydrochlorothiazide
- C naproxen
- D ranitidine
- E chlorpromazine

Answer: E

END OF PATIENT PROFILE

Patient Record - Institution/Nursing Home

Patient Name Angela Harrison
Room Number 38, Peresby Hospital
Age 67 Height 151cm
Sex Female Weight 50kg
Allergies Nil known

DIAGNOSIS

Presenting complaint

1. Phlebitis of the leg

Past medical history

1. Breast cancer
2. Pulmonary embolus

LAB/DIAGNOSTIC TESTS

Date	Test	Reference Range
23/9	Prothrombin Time (INR)	(0.9-1.3)
22/9	Prothrombin Time (INR)	(0.9-1.3)
21/9	Sputum - normal flora/heavy growth	

MEDICATION RECORD

Date	Drug & strength	Qty	Sig
20/9	Cefaclor 375mg SR	10	q 12h
20/9	Tamoxifen 20mg	30	i daily
8/9	Prednisolone 5mg (reducing dose)	60	ii bd (currently)
8/9	Verapamil 80mg	100	i bd
28/8	Simvastatin 5mg	30	i nocte
14/8	Aspirin 100mg	112	i mane
5/7	Dextropropoxyphene 32.5mg/paracetamol 325mg	20	ii q4H prn

ADDITIONAL ORDERS

Date	Drug & Strength	Qty	Sig
20/9	Warfarin 5mg	50	as charted

PHARMACIST'S NOTES

Date	Comment
20/9	Warfarin diet (Restrict foods high in Vitamin K).

1. Which of the following blood tests would be indicated at baseline for appropriate management of Mrs Harrison's medication therapy?

- A serum potassium
- B creatine kinase
- C c-reactive protein
- D haemoglobin

Answer: B

2. Of the following serious side effects, which is the **MOST** likely to occur with simvastatin?

- A blood dyscrasias
- B rhabdomyolysis
- C hypocholesterolaemia
- D angiodema
- E Stevens-Johnson syndrome

Answer: B

3. In general, which foods are considered to be high in Vitamin K and are **BEST** avoided in large amounts when on warfarin?

- A citrus fruits
- B dairy products
- C breads and cereals
- D green leafy vegetables
- E meat, poultry, fish

Answer: D

4. Which of the following medications has the **MOST** significant effect on clotting when used in combination with warfarin?

- A tamoxifen
- B prednisolone
- C cefaclor
- D simvastatin
- E aspirin

Answer: E

5. Adverse reactions related to the anti-oestrogenic action of tamoxifen include

- A breast tenderness
- B vaginal hypertrophy
- C hot flushes
- D light headedness
- E skin rash

Answer: C

END OF PATIENT PROFILE

APPENDIX C – Sample Short Answer Question

Mr Bolton is a 56 year-old man who lives alone. He is a regular customer in your pharmacy and has a long history of major depression. He currently takes **amitriptyline 200 mg daily**.

His neighbour brings you a prescription for Mr Bolton. The prescription is from Mr Bolton's psychiatrist, Dr Forster, for **fluoxetine 20 mg daily for 2 weeks then 40 mg daily**.

The neighbour explains that Dr Forster told Mr Bolton to stop taking the amitriptyline before starting the new tablets. However, Dr Forster is currently unavailable.

Write a letter to Mr Bolton giving appropriate advice regarding the change over from his old medicine to his new medicine. Also detail any counselling points and other precautionary advice you consider necessary.

Sample answer:

Dear Mr Bolton

I have dispensed your prescription from Dr Forster brought in by your neighbour.

Dr Forster has prescribed a new medicine for you. The medicine is fluoxetine and is prescribed for the depression you have been suffering from for a long period of time.

This medicine is different to the amitriptyline you have been taking in the past. I understand Dr Forster told you to stop taking the amitriptyline before starting the fluoxetine (the new tablets). To change-over from the amitriptyline to the fluoxetine I would suggest that you follow the instructions below as the two tablets are not normally taken together.

1. Monday (today) take THREE amitriptyline 50 mg tablets
2. Tuesday (tomorrow) take TWO amitriptyline 50 mg tablets
3. Wednesday take ONE amitriptyline 50 mg tablet.
4. Do not take any amitriptyline tablets on Thursday or Friday.
5. Take ONE fluoxetine 20 mg tablet in the morning on Saturday.
6. Continue taking ONE tablet in the morning for TWO weeks then increase the dose to TWO tablets in the morning until you return to see Dr Forster. Take the TWO tablets as a single dose.

The idea of the schedule is to reduce the dose of amitriptyline over 3 days, have two tablet-free days, then start taking the fluoxetine. This will reduce the risk of an interaction between the amitriptyline and the fluoxetine. Such an interaction is called a 'serotonin syndrome' and may cause symptoms such as confusion, agitation, tremor, sweating or fever, or diarrhoea.

While fluoxetine is generally well tolerated common adverse effects include nausea, dry mouth, dizziness, headache, weight gain or loss, and rash. If you should experience these, or any other reactions you think may be related to the new tablets you should contact your pharmacist or doctor.

The fluoxetine tablets should be taken in the morning. The tablets may be taken before or after breakfast. However it is important that you taken them regularly.

You should also check with your pharmacist or doctor before taking any other medicines. This includes any medicines or herbal preparations you may buy from a supermarket.

Pharmacist

APPENDIX E - Sample Calculations/Forensic Questions

The correct answer is indicated below the question

CALCULATIONS

1. You have dispensed 300 mL of 2% w/v potassium permanganate solution. The physician wants the patient to soak his feet in a 1:1000 solution. How would you instruct the patient to make one litre of this solution? (Assume that you will supply a 50 mL measure with the preparation.)

Answer: **take 50 mL and add enough water to make 1 litre of solution**

2. How much of a 10% injection of a drug is required to make 100 mL of a mixture containing 7.5 mg in 2.5 mL?

Answer **3 mL**

3. A 10 mL ampoule of potassium chloride injection contains 1.49 grams of potassium chloride. What is the concentration of potassium ion in this solution, expressed in mmol/mL? -
(molecular weight of potassium chloride = 74.5)

Answer: **2mmol/mL**

4. How many mL of alcohol 90% v/v must be added to 200 mL of alcohol 20% v/v, to produce alcohol 70% v/v?

Answer: **500 mL**

5. Which of the following represents the highest concentration?

- 10 mg/mL
- 100 parts per million
- 1 in 20,000
- 0.01mg/mL
- 1mg/litre

Answer: **10 mg/mL**

6. A solution with a concentration of 0.05 per cent may also be described as containing

Answer: **1 part in 2000 parts or 0.05g in 100ml = 50mg in 100ml = 0.5mg/ml**

7. Iodine Solution Aqueous – iodine 5%, potassium iodide 10% in water - (*Lugol's Solution*). With a dose of the solution at 0.3 mL three times a day, the amount of iodine contained in this daily dose of the solution is

Answer: **45 mg**

8.

Zinc sulphate	10 g
Sulphurated potash	10 g
Glycerin	10 g
Purified water to	100 mL

The weight/mL of glycerin is 1.26g. The volume of glycerin required to make 400mL of the above lotion is

Answer: 32 mL

9.
SULPHACETAMIDE EYE-DROPS

Sulphacetamide sodium	10 g
Sodium metabisulphite	0.1 g
Disodium edetate	0.05 g
Phenylmercuric nitrate	0.002 g
Water for injections to	100 mL

The phenylmercuric nitrate is available as a sterile aqueous solution containing 3 mg in 10 mL. The volume of this solution required to prepare 15 mL of the above formula is

Answer: 1.0 mL

10. Dopamine 200 mg in 500 mL of normal saline at 5 µg/kg/min is ordered for a 70Kg patient. What is the final concentration of solution in µg/mL?

Answer: 400 µg/mL

FORENSIC

1. Oxycodone is included in which of the following schedules?

- A Schedule 2
- B Schedule 3
- C Schedule 4
- D Schedule 7
- E Schedule 8

Correct answer: E

2. A medical practitioner (unless authorized) must **NOT** prescribe or supply which of the following drugs

- A temazepam
- B acitretin
- C morphine
- D diclofenac
- E amoxicillin

Correct answer: B

3. From its date of writing, a prescription for a Schedule 4 poison has a validity of

- A 1 month
- B 3 months
- C 6 months
- D 12 months
- E an indefinite period

Correct answer: D

4. Which of the following statements is **INCORRECT**?

Oxycodone tablets

- A cannot be dispensed if the prescription on which they are ordered is more than six months old
- B must be stored in the drug safe of the pharmacy
- C must be accounted for in a drug register in the pharmacy
- D can be supplied in an emergency on a pharmacist's authority for up to three days supply
- E a record of transactions must be retained for three years

Correct answer: D

5. Which of the following should appear on the manufacturer's package of thyroxine?

- A Pharmacy Only Medicine
- B Pharmacist Only Medicine
- C Prescription Only Medicine
- D Controlled Medicine

Correct answer: C

6. What is the correct storage requirement in a pharmacy for morphine ampoules?

- A in the dispensary on the shelves
- B in a locked cupboard
- C in a safe in which the pharmacy takings are kept
- D on the person of the pharmacist
- E in controlled medicines safe

Correct answer: E

7. Regulation 24 is a regulation for the provision of medications under the Pharmaceutical Benefits Scheme. The equivalent regulation under the Repatriation Pharmaceutical Benefits Scheme is referred to as

- A emergency provisions
- B prior approval provisions
- C equity of access
- D hardship conditions apply
- E physical impairment provisions

Correct answer: D

8. Safety Net/Concession Card entitlements, once issued, are valid
- A for any medicine
 - B for a period of two years
 - C only when issued after 1 April each year
 - D for those individuals present when the card was issued
 - E for the period of time remaining in the calendar year in which it was issued

Correct answer: E

9. You start your first day as a locum pharmacist and receive a phone call from a lawyer claiming to represent one of your customers. The lawyer requests information regarding the medication that has been prescribed by a particular medical practitioner for their client. What information are you able to hand over to the lawyer

- A no information at any stage
- B any information required after written consent has been given by the patient
- C any information that the lawyer requests
- D any information the lawyer requests, after you can confirm the individual is a lawyer
- E any information required, upon the receipt of a court order for the information

Correct answer: B

10. You have purchased a quantity of generic paracetamol and codeine tablets, which have now exceeded their expiry date. The proprietor states that you are to repackage them out of their foil and counter-prescribe them to avoid losing any money. Which of the following actions should you take?

- A repackage them, as directed by the proprietor
- B refuse, advising that this is contrary to good pharmaceutical practice and unethical
- C leave them in their foil packs, but cut off the expiry date and batch number
- D put them into a specials bin, with a sign advising that they are out of date
- E offer them for sale as a “buy one get one free” to sell them quickly

Correct answer: B

APPENDIX F – Registration Process for Pharmacists in Australia

