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## Intern Written Exam Guide

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# Intern Written Exam Guide

## 1. Document purpose

This document has been developed to help you understand the exam content and how you will be assessed in the Intern Written exam.

For further information about exam eligibility, registration, payment, and exam day procedures, please refer to our [APC website](#).

You can also scan or click on the QR code to find more information on [exam day preparation](#) with our delivery provider Pearson.



## 2. Exam purpose

The Intern Written exam is one part of the registration process to transition from provisional to general registration as a pharmacist in Australia. The Intern Written exam evaluates your skills and knowledge to practice safely and effectively as an independent pharmacist in the Australian healthcare setting.

## 3. Exam structure

The Intern Written exam is a restricted open-book, computer-based exam delivered in person at approved test centres.

### 3.1.1. Permitted materials

You may bring one original physical copy (any edition) of each of the following approved reference books:

- Australian Medicines Handbook (AMH) <https://shop.amh.net.au/products/book/2025>
- Australian Pharmaceutical Formulary and Handbook (APF) <https://www.psa.org.au/media-publications/australian-pharmaceutical-formulary/>

Only one original paper copy of each listed book is allowed. Your reference book must not contain any handwritten notes or loose sheets of paper. Only small sticky flags or tabs, with a maximum size of 12mm x 44mm, are permitted for marking pages. Electronic or printed versions of digital files (e.g. printed PDFs or scans) are not allowed.

Please refer to our [APC website](#) for information on additional items allowed for the exam.

### 3.1.2. Exam session overview

You have 120 minutes (2 hours) to complete the exam.

Before the exam, you will be given 5 minutes to read and agree to a non-disclosure agreement and 10 minutes to complete a pre-exam tutorial to familiarise yourself with the exam software.

After the exam, you will have 5 minutes to complete an exam feedback survey.

These pre- and post-exam activities do not count towards the exam time. The 120-minute timer will begin with the first question of the exam.

Each exam session has multiple live versions of the exam, which are randomly allocated to different candidates. Additionally, the order of questions is presented randomly for each candidate.

## 4. Exam content

The Intern Written exam assesses competencies relating to domains 1 and 3 of the [National Competency Standards Framework for Pharmacists in Australia 2016](#). Table 1 shows the six competency standards assessed and the approximate percentage of questions allocated in the Intern Written exam.

Table 1 Intern Written exam content areas

Competency Standard		Percentage of questions allocated
1.3	Practise within applicable legal framework	8%
3.1	Develop a patient centred, culturally responsive approach to medication management	20%
3.2	Implement the medication management strategy or plan	28%
3.3	Monitor and evaluate medication management	28%
3.4	Compound medicines	8%
3.6	Promote health and well-being	8%

Details on each of the six competency standards and relevant enabling competencies assessed in the Intern Written exam are described in [Appendix 1](#).

Each Intern Written exam includes questions from a broad range of topics relevant to contemporary pharmacy practice. These may include, but are not limited to, therapeutic areas, drug classes, disease states, pharmacy practice, pharmaceutical calculations, and related subject matter. Questions may focus on a single topic or integrate multiple areas.

- Calculations
- Cardiovascular
- Dermatology
- Ear, nose and throat
- Endocrinology
- Gastrointestinal

- Haematology
- Health promotion
- Immunology
- Malignant disease
- Nervous system
- Ophthalmology
- Primary healthcare
- Respiratory
- Rheumatology
- Statutory requirements
- Urological
- Vaccination

APC is committed to ensuring that exam content is accurate, up-to-date and aligned with current clinical practice by engaging with subject matter experts. All questions developed for the Intern Written exam focus on evidence-based guideline recommendations and frequently prescribed or high risk agent(s) used in the treatment of various conditions. However, it is important to note that questions may include less frequently used medications, as these can enhance our ability to assess a candidate's competency more thoroughly.

Candidates should not rely solely on reference materials during the exam. Not all information needed to answer the questions will be contained within the permitted reference books. You are expected to draw upon the professional knowledge you have developed throughout your training and learning experiences.

#### 4.1. Question construction

The Intern Written exam consists of 75 questions, including multiple-choice questions and fill in the blank questions.

To ensure consistency and clarity across the exam, all questions adhere to the following standards:

- Drug and ingredient names are presented as per the [TGA list of approved names](#).
- Units for drug quantities and medication directions follow the approved abbreviations from the Australian Commission on Safety and Quality in Health Care [Recommendations for safe use of medicines terminology](#).
- Values are presented in SI (metric) units.
- Determiners are bold and capitalised to highlight the type of response expected. e.g. **CORRECT**, **MOST**, **LEAST**, **NOT**.

##### 4.1.1. Multiple-choice questions

Multiple-choice questions in the exam provide four options with only one correct answer. These questions assess your ability to recognise key concepts, apply knowledge, and eliminate incorrect alternatives.

To answer a multiple-choice question, select the ONE correct answer option using your mouse or keyboard.

##### 4.1.2. Fill in the blank questions

Fill in the blank (FIB) question format is used for pharmaceutical calculation questions. For these questions, type your answer in the designated blank space below each question. These calculation questions assess your precision and understanding of core principles.

Please carefully read the instructions for each question to understand how to complete your answer, including the number of decimal places to record. If your answer is not entered as

directed, it will be marked incorrect. Please note that each question will have its own specific requirements. You can find detailed guidance on how to submit answers for FIB questions in the [sample content](#) for the Intern Written exam.

Additionally, there is an [online sample test](#) available on our exam delivery provider's website that provides examples of how questions will appear in your exam, helping you familiarise yourself with the system before the exam day.

## 4.2. Exam scoring

The Intern Written exam uses a scaled scoring system to ensure fairness and consistency across multiple versions of exam forms. The passing score is determined through evidence-based psychometric standard-setting processes involving subject matter experts. This passing score reflects the minimum standard that must be met to successfully pass the Intern Written exam and meet one of the eligibility criteria to apply for general registration as a pharmacist in Australia.

Success is determined by the level of ability or performance compared to this standard, not by comparing performance to other candidates or using a random score. Passing the Intern Written exam depends on your overall performance across the entire exam. You must meet the passing standard set for your randomly allocated exam form to pass the Intern Written exam.

We collaborate with psychometricians to undertake robust analysis of scoring and exam standards to maintain the reliability and validity of Intern Written exam results. Of the 75 questions in the Intern Written exam, 90% are 'scored' questions that count towards your result, while 10% are 'unscored' questions. This means they are included in the exam for calibration and testing, but do not count towards your result.

Unscored questions will cover any content area of the exam, but they will not count toward the target percentage for any content area. Unscored questions are evenly distributed across all six content areas. You will not be made aware which of your questions are scored, and which are unscored.

[This video](#) explains how APC uses psychometric, evidence-based techniques to develop our exams and generate fair results for all APC exam candidates.

## 4.3. Exam results

To protect the security and integrity of our assessments, we do not share the questions and answers from your exam attempt(s). Additionally, we do not disclose raw scores or percentages of your exam results, as they do not accurately reflect the difficulty of the questions or whether the exam standard was met.

We will provide you with a result report that indicates whether you met the overall standard or were unsuccessful.

The result release date for each session is available on our website. You will receive an email notification once your exam result is available and information on how to access it.

Exam results are not subject to review. If you feel your exam performance was negatively affected by an incident or administrative procedure, you can find more information on the options available to you in our [Appeals policy](#).

If you do not pass the exam you may apply to sit another exam session. You will be required to register and pay the exam fee for each exam attempt, and to re-sit the full exam.

#### 4.4. Resources

[Sample content](#) and an [online sample test](#) are available on our website to help you prepare.

The content of our exams is based on the latest information, which you can find in relevant:

- Peer-reviewed journals
- Clinical practice guidelines
- Textbooks.

Ensure you are utilising up-to-date and evidence-based resources to guide your preparation.

Please note that APC does not endorse any Intern Written exam preparation programs or offerings.

We encourage you to seek support from your Intern Training Program provider to enhance your professional development and prepare for your exam.

### 5. If you need to contact our team

We wish you all the best with your exam preparations.

You will receive emails from us as you progress in your journey. We do ask that you check and read our emails carefully.

Please contact us if you have any further questions; we're here to help.

Email us at [info@pharmacycouncil.org.au](mailto:info@pharmacycouncil.org.au)

# Appendix 1

Table 2 Intern Written exam content areas (descriptive)

Domain	Standard	Enabling Competency		Examples of topics used for the Intern Written Exam (this list is non-exhaustive)
1. Professionalism and ethics	1.3 Practise within applicable legal framework	1.3.1	Comply with statute law, guidelines, codes and standards	<p>The Pharmaceutical Benefits Scheme (PBS) and its various controls on PBS Authority prescriptions, PBS prescriptions in general and Special Access Scheme (SAS) considerations</p> <p>Drug schedules most commonly dealing with Schedule 2, 3, 4 and 8 medicines</p> <p>Understanding of the Health practitioner national law</p> <p>Awareness of patient confidentiality and privacy provisions (relevant regulation such as the Privacy Act)</p> <p>Pharmacy Board of Australia codes and guidelines that represent the legislative instruments dealing the expectations around professional conduct and practice (professional codes, guidelines, standards)</p>
		1.3.2	Respond to common law requirements	
		1.3.3	Respect and protect the individual's rights to privacy and confidentiality	
3. Medicines management and patient care	3.1 Develop a patient centred, culturally responsive approach to medication management	3.1.2	Assess medication management practices and needs	<p>Assess clinical situations and medication treatment options</p> <p>Identify patient, drug and dosage form factors that may impact on patient adherence of efficacy and safety of treatment</p>
	3.2 Implement the medication management strategy or plan	3.2.2	Provide primary care and promote judicious use of medicines	<p>Reinforce the value of evidence-based non-pharmacological and over-the-counter treatments with the provision of supportive advice and information where appropriate</p> <p>Promote the judicious use of medicines that supports their prescribing only where they are clinically indicated</p> <p>Prescribe appropriate medicines and treatment regimens based on consideration of their pharmacological actions and therapeutic uses, safety and cost-effectiveness</p>

		3.2.3	Dispense medicines (including compounded medicines) in consultation with the patient and/or prescriber	<p>Assess clinical appropriateness of prescribed medications in the context of patient specific health information</p> <p>Assess and recommend any changes in the medicine treatment regimen that are considered desirable and documents approved changes</p> <p>Standards for drug preparations, packaging and labelling</p>
		3.2.5	Provide counselling and information for safe and effective medication management	<p>Provide patient-centred and culturally responsive counselling to the patient to support safe and effective medication management practices</p> <p>Confirm patient understanding of medication management requirements</p> <p>Address lifestyle factors likely to improve health outcomes or promote improved therapeutic outcomes</p> <p>Deliver primary care to manage injuries (sporting, accidental, trauma) or acute and sudden illness (chest pains, shortness of breath, loss of consciousness)</p>
	3.3 Monitor and evaluate medication management	3.3.2	Apply clinical review findings to improve health outcomes	<p>Provides recommendations concerning necessary modifications to existing treatment to improve medication management and therapeutic outcomes</p> <p>Reporting of adverse medicine events, including adverse drug reactions, sensitivities and allergies according to professional standards and conventions</p> <p>Interpret any monitoring undertaken to guide changes in the medication treatment regimen.</p> <p>Consider the necessity for any monitoring not yet implemented</p>
	3.4 Compound medicines	3.4.1	Determine the required formulation	Apply suitable standard formulations, compounding expertise, clinical expertise and judgement to advise and

				<p>produce a safe, appropriate and suitable patient-specific formulation</p> <p>Calculate required dosages, drug half-lives and drug concentrations</p>
	3.6 Promote health and well-being	3.6.2	Support health promotion activities and health services intended to maintain and improve health	<p>Identifies and supports national and local health priorities and initiatives, including health screening programs, targeted at reducing health inequities consistent with the role of the pharmacist</p> <p>Deliver culturally responsive health promotion activities</p> <p>Promotion and support of improved self-sufficiency and well-being in patients and the community as a whole</p>



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