

PHARMACY ORAL EXAMINATION (PRACTICE)

CANDIDATE GUIDE

Effective: April 2025

The pharmacy oral examination (practice) is one of the examinations undertaken by individuals seeking to meet the eligibility requirements for general registration as a pharmacist in Australia.

This guide has been written to assist candidates in their preparation for the oral examination (practice) by detailing:

- the format and structure of the examination,
- the way candidates are assessed,
- the eligibility criteria for undertaking the examination,
- the rules for conduct in the examination, and
- procedures for appeals and special consideration.

Intern pharmacists and graduates of programs of study approved by the Board for general registration must complete the oral examination (practice) as part of the requirements for initial general registration.

Pharmacists holding limited or general registration may also be required to complete the oral examination (practice) as determined by the Board in certain circumstances, such as when they are seeking to return to practice after a period of absence.

For further enquiries regarding pharmacy oral examinations please contact the Examinations Coordination team via email: pharmacyoralexam@ahpra.gov.au.

More information about all examination requirements can be found in the [Registration standard: Examinations for eligibility for general registration](#) published by the Pharmacy Board of Australia (the Board).

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About the oral examination (practice)

Format of the oral examination (practice)

The oral examination (practice) is an assessment of competence, where candidates must demonstrate their ability to apply knowledge and skills to appropriately deal with situations they may encounter in practice. Candidates are presented with several practice-based scenarios, which must be worked through in either role play or discussion with the examiners. The questions are standardised and validated externally prior to their use in an examination.

Structure of the oral examination (practice)

The oral examination (practice) is comprised of three parts:

Part A



10 mins



No references

Primary health care

This part is conducted in role play.

The candidate is presented with a primary health care scenario (e.g. pain, rash, eye problem etc) and is expected to manage the scenario to produce a satisfactory outcome for the patient.

Examiners will assess the candidate for their ability to:

- conduct a structured patient interview relevant to the scenario presented, to clarify the presenting health issues
- complete a medication history including clarification of allergies and adverse medicine events
- apply communication skills to obtain necessary information and deliver appropriate advice, which may include:
 - asking appropriate and relevant questions
 - use of appropriate language that the patient can understand.
- Suggest appropriate management of the condition which may include:
 - over the counter (OTC) treatments including appropriate dosing advice and counselling
 - non-pharmacological treatments
 - lifestyle modifications.

Access to references is not permitted during this part.

Part B



5 mins



No references

Legal and Professional Practice

This part is not conducted in role play.

The candidate is presented with a scenario (e.g. suspected forged prescription, oral instructions from a prescriber, a dispensing error etc), and is expected to discuss and appropriately manage the issue/s presented.

In this section, examiners will assess the candidates for their ability to:

- describe any legal requirements, codes, guidelines and standards that are relevant to the scenario and how they apply
- describe the risks presented in the scenario and any professional obligations that need to be considered
- describe an appropriate course of action to address the legal and professional issues raised by the scenario
- provide relevant justification for their chosen course of action.

Access to references is not permitted during this part.

Part C



20 mins



References
Permitted

Problem Solving and Communication

This part is conducted in role play.

The candidate is given a prescription and the patient's dispensing medication history from the pharmacy. The candidate plays the role of the pharmacist and is expected to manage the scenario to produce a satisfactory outcome for the patient.

A problem may be embedded into the scenario, including, but not limited to:

- drug/drug interaction
- contraindication
- inappropriate drug or dose
- 'doubling up' of medication
- unintended change in dose
- unintended change in medication
- multiple prescribers who aren't aware of all relevant patient information
- drug-induced illness
- precautions that must be taken to ensure safety e.g. special monitoring.

Examiners will assess the candidate's ability to:

- conduct a structured patient interview relevant to the scenario presented, to clarify the presenting health issues
- complete a medication history including clarification of allergies and adverse medicine events
- identify any problems likely to impact on the efficacy and safety of the treatment and/or likely to create a risk to patient safety
- use professional judgement to assess and recommend any changes in the medicine treatment regimen, in consultation with the prescriber, where relevant
- apply communication skills to obtain necessary information and deliver appropriate advice, which may include:
 - asking appropriate and relevant questions
 - use of language that is appropriate to the audience (prescriber, patient/agent)
 - accurately relaying any additional instructions given by the prescriber to the patient
 - counselling the patient about their medicines.

References are permitted in this part subject to the conditions and restrictions specified in the oral examination (practice) rules (see examination rules 5 and 6).

Assessment of the oral examination (practice)

The oral examination (practice) evaluates a candidate's competency to practice by assessing the candidate against established competency standards, set out in the [National Competency Standards Framework for Pharmacists in Australia 2016](#).

Definitions¹

| | |
|-----------------------------|--|
| Competence | Possession by an individual of the required knowledge, skills and attributes sufficient to successfully and consistently perform a specific task or function to the desired standard. |
| Competency standards | These describe the skills, attitudes and other attributes (including values and beliefs) attained by an individual based on knowledge and experience which together enable the individual to practise effectively as a pharmacist. |

There are six competency standards that are assessed in the exam, which are detailed in [Appendix 1: Demonstrating competency in the oral examination \(practice\)](#). Appendix 1 also gives detail of evidence examples for each competency standard, which describe the types of observable behaviours that demonstrate competence.

In the assessment of each practice situation presented to the candidate, and depending on the scenario, the examiner's assessment of a candidate's performance may be informed by the following:



- Is the patient likely to have been harmed by an action, omission, or decision of the candidate?
 - Have any potential risks to the patient been minimised?
 - Has the patient's therapy been optimised? (e.g. Has the patient been given sufficient information to ensure that they know how to take or use the medication and manage their health condition effectively?)
 - Has the candidate demonstrated their ability to practise legally and professionally?
 - Has the candidate communicated in an appropriate manner?
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Important information for candidates

This section provides practical information about what candidates need to do and what they can expect before, during and after the delivery of the oral examination (practice). At certain times, the Board may need to make changes to the delivery of the oral examination (practice), for example in response to a public health issue. This may also include changes to the eligibility criteria. Details of any changes are included in an addendum at the end of this guide.

Location and delivery of the oral examination (practice)

The oral examination (practice) is conducted nationally, in all jurisdictions throughout Australia. Refer to the [Schedule of Oral Examinations](#) page on the Board's website for locations.

The oral examination (practice) is delivered face-to-face except in exceptional circumstances and when approved by the Board.

Online examinations may be delivered in certain circumstances such as:

- face-to-face examinations are not permitted (e.g. due to restrictions during a pandemic)

¹ Definitions are taken from the *National Competency Standards Framework for Pharmacists in Australia 2016*

- examiners are unavailable in a smaller jurisdiction (e.g. unable to travel due to a pandemic or due to conflict of interests)
- out of sessions exams (held outside the three main exam periods) for return to practice, pharmacists with limited registration, or candidates who are unable to attend exams due to illness or an adverse event
- candidates in a remote or rural location who are offered the choice to sit an online exam (to mitigate inconvenience and cost of travel and accommodation)
- smaller jurisdictions where the candidate numbers are less than 10
- other unforeseen circumstances where the requirement to deliver a face-to-face examination would adversely impact the candidate's opportunity to undertake the examination.

If a candidate believes their circumstances warrant the offer of an online examination, they must detail their request in an email to the examinations team at pharmacyoralexam@ahpra.gov.au at the time of submitting their application.

Eligibility to undertake the oral examination (practice)²

To be eligible to undertake the oral examination (practice):

- pharmacy interns must have completed 75% of the 1824 approved supervised practice hours² required for general registration by the first scheduled day of the oral examination (practice) period
- graduates of programs approved by the Board for general registration must have successfully completed their approved program of study
- pharmacists holding general or limited registration must have completed 75% of any supervised practice hours set by the Board, prior to sitting the oral examination (practice).

Pharmacy interns are advised to carefully consider their ability to accumulate enough supervised practice hours to meet the eligibility criteria prior to the scheduled examinations. Failure to accumulate enough supervised practice hours for reasons such as delaying commencement of supervised practice or taking annual or study leave may prevent a candidate from meeting the eligibility criteria for entry to a scheduled examination. Ineligible candidates will be required to undertake a subsequent scheduled examination when they meet the eligibility criteria.

Application to undertake the oral examination (practice)

Candidates must apply to sit the oral examination (practice) in the jurisdiction where they undertook their supervised practice. Candidates should immediately notify Ahpra of any changes to their contact details including their email address.

Pharmacy graduates and interns

The oral examination (practice) is conducted for pharmacy graduates and interns on three occasions each year. Depending on the jurisdiction, the oral examination (practice) period may extend over several days or weeks.

Pharmacy graduates and interns should apply by submitting the [Application for a pharmacy intern to be a candidate for an oral examination \(practice\) – APOE-60](#). See the [Schedule of Oral Examinations](#) on the Board's website for dates of upcoming examination periods and application closing dates. Late applications will not be accepted.

Pharmacy graduates and interns will be notified of the time and place of their examination by email after the application closing date and at least two weeks before the commencement of the oral examination (practice) period.

² Eligibility requirements have been altered since the commencement of the Covid-19 pandemic. See the [addendum](#) at the end of this guide for current eligibility requirements.

Pharmacists holding general or limited registration

Pharmacists holding general or limited registration should apply by submitting the [Application for oral examination \(practice\) or oral examination \(pharmacy law and ethics\) – AOEP-60](#). These pharmacists will be notified by email of their examination time and place.

Preparing for the oral examination (practice)

Candidates can find examples of activities to strengthen practice and assist in the demonstration of the assessed competencies in [Appendix 1: Demonstrating competency in the oral examination \(practice\)](#).

As detailed in the Intern pharmacist and preceptor guide on the Board's [website](#), experience in the full range of professional services is important in gaining competence, as interns are able to practise their learning and apply it in different ways.

If candidates usually experience significant examination-related nervousness or anxiety, they may consider seeking advice from a health professional prior to the examinations.

What to bring to the oral examination (practice)

Candidates must bring photo identification. Candidates may bring their own notes and reference materials to use in Part C of the exam. References may include hard-copy, electronic and online reference materials that support pharmacists' practice, used in accordance with the examination rules. Refer to examination rule 5 for more information.

Online references

The use of online references is permitted, however the use of internet search engines and artificial intelligence (AI) based search functions is prohibited. Internet search engines are becoming more sophisticated and incorporate the use of AI-generated answers to queries. This type of search breaches the examination rules. Internet browsers may be used to access online references, but must not be used as a search engine. Candidates wishing to use online references that require the use of an internet browser should have the web addresses saved as shortcuts or bookmarks so they do not need to 'search' for them.

Examination day

Face to Face exams

Candidates will be checked in by a member of the examinations team and will be asked to wait at a designated point until they are directed to an examination room.

The candidate will be assessed by two examiners. Once in the exam room, the examiners will introduce themselves to the candidate. An observer may also be present for the exam. The observer does not play a role in the assessment of the candidate.

Examiners realise that candidates may be nervous and will attempt to put candidates at ease.

The examiners will provide instructions to the candidate on how the exam will proceed. Paper and pen will be provided for candidates to make notes during the exam if required. Electronic devices cannot be used for note taking. Refer to examination rule 5 for more information.

Candidates will be asked to start their electronic device and leave it and other reference material aside until Part C.

Once the examination is underway, the examiners will introduce each part of the exam and provide a question sheet to the candidate to view so they are clear on what is required.

The examiners will make notes based on the candidate's responses and monitor time. Candidates are responsible for ensuring they allow sufficient time to complete each part of the examination. Once each part of the examination has concluded, it will not be revisited.

Candidates should expect examiners to remain neutral regarding the quality of their responses. Examiners will not indicate whether the scenario has been adequately dealt with. Examiners may ask a candidate to

repeat their response or provide more information including justification for their actions. These questions should not be interpreted as a measure of how the candidate is performing.

Upon conclusion of the examination, candidates will be instructed to collect their own references and belongings. Any notes made by the candidate will be collected by the examiners and destroyed. Candidates may then be accompanied to a post-examination waiting area where they must stay until they are instructed to leave the venue by a member of the examination team. Prior to entering the post-examination waiting area, any electronic devices must be switched off and surrendered to a member of the examination team. Devices will be returned when candidates are released.

Online exams

The oral examination (practice) will be delivered through an online video conference platform (e.g. Zoom, Microsoft Teams).

Candidates are required to complete and sign a declaration form prior to the exam. The declaration form is a confirmation that the candidate agrees to and will abide by examination rules for the videoconference examination.

Candidates will undertake the examination at a location of their choosing that meets examination rules (a quiet room). The candidate is required to be alone in the room where they undertake the exam.

Candidates will need to ensure they are using a computer or laptop that has video and audio capabilities. Candidates should ensure that they have a glass of water and paper and pen as they may be needed during the exam. Electronic devices cannot be used for note taking. Refer to examination rule 5 for more information. Examiners have the right to check devices at any time during the exam.

The candidate will connect from their computer via video link; examiners will also connect from their computer. An observer may also be present for the exam. The observer does not play a role in the assessment of the candidate.

In the video conference two examiners will introduce themselves. The candidate will be asked to verify their identity via photo ID before the examination can begin.

The examiners will provide instructions about the examination and the process for participating via an online platform, make notes and monitor time. Candidates should also be mindful of the timeframes for each question to ensure they cover the material during the time allocated. As each part of the examination is introduced, the candidate will be provided with access to the question sheet via screen sharing. Once completed, an examination part/question cannot be revisited.

Depending on the examination time, candidates may be directed to the virtual post-examination waiting area or quarantine room where they will be supervised online by a member of the examination team.

Results

Oral examination (practice) results for interns are ratified by the Board or its delegate. This may occur several weeks after an individual's examination took place. No results can be released until the results have been ratified.



Candidates will be advised at their examination of the date that results will be issued. All candidates are notified of their results by email. Results will not be given by telephone. Ahpra offices are not to be contacted to enquire whether results will be released earlier than stated.

If a candidate is unsuccessful in the oral examination (practice), their results letter will include details of the specific competencies that were not demonstrated and provide information about the next steps.

This includes referral to the document titled [Demonstrating competency in the oral examination \(practice\)](#), available as Appendix 1 to this guide. It details information on the competencies that are assessed in the exam and provides examples of activities to strengthen practice and assist in the demonstration of the assessed competencies at future examination attempts. The Board no longer offers the option to participate in a post-examination feedback meeting.

Oral examination (practice) rules and regulations

Oral examination (practice) rules

The following examination rules are issued by the Pharmacy Board of Australia. These rules should be read in conjunction with the Board's *Registration standard: Examinations for eligibility for general registration*. The rules for the oral examination (practice) are as follows:

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1. In order to be granted entry to the oral examination (practice), candidates are required to meet specific entry requirements.
 - Pharmacy interns must have completed 75% of their 1824 approved supervised practice hours² by the first scheduled day of the oral examination (practice) period, and
 - Pharmacists holding general or limited registration must have completed 75% of any supervised practice hours set by the Board, prior to sitting the oral examination (practice).
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2. Candidates may lodge one application per oral examination (practice) period and should apply to sit in the jurisdiction where they undertook their supervised practice. If applying to sit in a different jurisdiction, candidates will need to provide their reasons for doing so.
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3. Pharmacy interns are required to pay the application fee for the oral examination (practice) by the application closing date. Failure to pay in full will result in the application not being considered and entry to the oral examination (practice) will be refused.
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4. Candidates presenting to the oral examination (practice) who are waiting to be examined, and candidates who have completed the examination, must not communicate with one another on the day of the examination.
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5. Candidates are prohibited from communicating externally which includes communicating via electronic devices during the whole of the examination, including pre- and post-examination waiting areas. Examiners and examination staff may inspect any electronic device during the examination at any time to ensure no external communication is being sent or received. Any device that is capable of recording (video, sound, voice-to-text) must not be used to do so.

Permitted devices that may be used in Part C of the exam include computer laptops, tablets, and mobile phones (for accessing references or for wi-fi hot-spotting) when used in accordance with examination rules. The following electronic devices are prohibited from use during the examination: MP3 players, other “smart” accessories such as watches, glasses, or other wearable technology.
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6. Candidates may bring into the examination room any reference material of their choice, including hard copy, electronic and online references. The use of internet search engines (e.g. Google), or AI based search functions is strictly prohibited. Permitted devices must have all notifications and alerts disabled including messages and emails. All desktop windows or apps other than references for use in the exam must be closed.

References may only be used in Part C when instructed by an examiner. No extra examination time will be awarded to candidates for accessing references. References may contain personal annotations or marks. Electronic and online reference devices must be set to English language prior to attending the examination centre otherwise they cannot be used during the examination.

The Board does not provide references or electronic devices for the candidate's use, and no assistance will be provided to transport reference material to the examination room. Paper and pen will be provided to candidates for making notes, which will be retained by examiners at the end of
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the exam. Examiners will not use these notes to assess the candidate. Electronic devices cannot be used for taking notes.

Upon entry to the exam, staff will confirm if electronic devices are being used and if so, candidates will need to demonstrate that they are compliant with examination rules before proceeding to the exam. Failure to comply may result in the candidate's exclusion from the examination.

At the conclusion of Part C of the exam, electronic devices must be switched off and surrendered to the examination team for quarantining during any post-examination waiting period. Devices will be returned to the candidate when the candidates are released.

Online references and internet access

If online references are used, the candidate is responsible for providing their own internet access. Candidates may use their own portable wi-fi device including their mobile phone for wi-fi hot-spotting or connecting to the internet if required. Ahpra and the Board are not responsible for enabling internet access, assisting with connectivity problems, or assisting with the use of any references. Candidates are strongly recommended to bring offline versions or hard copies of their references in the case of internet access issues.

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7. Candidates must abide by quarantine times and can only leave the examination or pre- and post-examination waiting areas when approved to do so by a member of the examination team.
 8. After the conclusion of the examination, any communication regarding examinations must be sent to the [Examination Coordination Team](#). Candidates must not communicate with examiners or members of the Board or the Board's committees concerning the examination.
 9. Failure to comply with any rule or instruction by an examiner or member of the examination team may lead to exclusion from the examination and the candidate deemed to be unsuccessful.
 10. All results will be notified to candidates by email. Results will not be given via the telephone.
 11. Eligible candidates who are unable to attend the examination due to exceptional circumstances beyond their control can apply to have their examination rescheduled in accordance with the outlined procedure.
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Misconduct

The oral examinations are an assessment of competence and test if a person has specific knowledge and skills. Misconduct within examinations is defined as any behaviour or attempted behaviour from a candidate before, during, or after an examination that circumvent this test of individual knowledge and skills that may result in an unfair advantage to which the candidate is not entitled, or disruption of this process for other candidates.

Misconduct includes, but is not limited to:

- any behaviour in breach of published examination rules, procedures and instructions set out in the oral examination candidate guide and any written or verbal communication from Ahpra
- any behaviour that is inconsistent with the Health Practitioner Regulation National Law Act 2009 (the National Law), Pharmacy Board of Australia Code of Conduct or registration standards
- providing assistance, by any means, to another candidate undertaking the examination
- disruption of an examination through behaviour that affects other candidates
- not complying with the instructions of an examiner or member of the examination team
- obtaining or seeking to obtain unauthorised access to examination questions prior to or during the examination
- possession of unauthorised material before, during or after the examination
- providing false or misleading information prior to, during, or after the examination
- recording or transcribing examination questions during an examination
- substituting an examination candidate to undertake the examination
- unauthorised sharing or publishing of examination questions and/or answers
- taking any examination material from the examination room (including copies of questions, papers or notes used in the examination)
- using any communication device or other unauthorised device during the examination
- using an internet search engine (e.g. Google) or AI based search functions during part C of the examination
- unsupervised absence during an examination other than an authorised rest room break.

Where misconduct is suspected or alleged, candidates may be requested to provide any relevant information to facilitate the investigation and a timely outcome. If the requested information is not provided this may delay the release of a candidate's results. Where there is evidence of misconduct the matter may be referred to Ahpra to be managed in accordance with relevant provisions under Part 8 of the National Law.

Requests for special arrangements

Purpose

Special arrangements may be required for a candidate to undertake the oral examination (practice). Examples include a medical condition that requires the oral examination (practice) to be performed under a different set of conditions.

Note: It is recognised that candidates presenting to examinations may typically feel nervous. Special arrangements are not generally considered for this purpose alone.

Eligibility



Only those candidates who can demonstrate that their personal circumstances require special arrangements to undertake the oral examination (practice) are eligible to apply.

Procedure

Candidates are to make a formal written request to the [Examination Coordination Team](#) for special arrangements at the time of applying to sit the oral examination (practice), or as soon as practicable once a need is identified.

The request will be referred to the Board or its delegate for consideration and decision. The decision reached by the Board or its delegate is final.

Supporting documentation (e.g. a medical report) must be provided to assist the Board or its delegate in making the decision. Candidates should provide maximum notice for their requests to be reasonably assessed and accommodated where special arrangements are granted.

Possible Outcomes

Requests will only be approved if there is evidence of exceptional circumstances beyond the control of the candidate and the requested special arrangements are within reason and can be arranged.



If approved, the special arrangements may include but are not limited to:

- varying the access to the examination venue and room that the candidate requires
 - short breaks according to an approved schedule
 - additional time to complete one or more parts of the examination.
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Requests to reschedule an examination due to an adverse event

Purpose Candidates who were unable to attend their scheduled examination due to exceptional circumstances beyond their control may be given an opportunity to complete an examination at another time. Requests to reschedule examinations are considered by the Board.

Eligibility Only those candidates who can demonstrate that they have reasons beyond their control are eligible to request a rescheduled examination. These reasons are:



- acute illness (e.g. hospital admission, onset of serious illness)
- loss or bereavement (e.g. death of close family member)
- hardship or trauma (e.g. victim of crime, severe disruption to domestic life)
- unforeseen circumstances, such as call-up for service (e.g. military service, jury service, emergency service).

Candidates who attempt or complete an examination are not eligible to apply to have their examination rescheduled.

Procedure Requests must be submitted in writing to the [Examination Coordination Team](#) and will only be accepted if:

- received by Ahpra prior to or no later than 2 business days after the date of the scheduled examination
- supporting documentation of the exceptional circumstances beyond the control of the candidate is included, for example:
 - medical certificate which explicitly states that the candidate was not fit to undertake the pharmacy oral examination (practice) on the specified date
 - death certificate of a close family member
 - police report
 - statutory declaration
 - a certified copy of official documentation notifying for example, jury service, military service or emergency service.

Failure to follow this procedure when lodging a request will exclude the request from further consideration.

Possible Outcomes Requests will only be approved if there are exceptional circumstances beyond the control of the candidate and are supported by acceptable evidence.



If approved, the examination may be rescheduled to take place:

1. during the current examination period,
2. at the next examination period (February, June, October) – see Board's website, or
3. outside of the scheduled examination periods.

Rescheduling exams due to unforeseen operational matters

There may be circumstances where an exam may need to be rescheduled for other reasons, such as examiner illness, emergencies or other unforeseen events. In these cases, the Examination Coordination Team will liaise with the candidates to reschedule their exam.

Oral examination (practice) appeals

An appeal application can only be lodged if the candidate believes there is evidence of:



- impairment of the candidate's performance as a result of a deficiency or error in the examination process, and/or
 - improper conduct of the examination assessment.
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Appeals can only be made by lodging an *Oral examination (practice) appeal application form* (available from the [Examination Coordination Team](#)), with payment of the required application fee.

The Board will consider evidence and/or information provided by the candidate that an action of the Board or its partners led to circumstances which impaired the candidate's performance, and/or the examination was conducted improperly. The examination is the Board's process for assessing the candidate's ability, therefore, the candidate cannot provide independent evidence of their ability and an appeals panel will not consider any assessment by the candidate or a third party of the candidate's ability or any comparison to the ability of another candidate.

Except in limited circumstances, a successful appeal will not lead to an examination result being altered.

Where an appeal is upheld, it may result in the examination or any of its parts being set aside with a new examination ordered to examine the part(s) in dispute. If an appeal is upheld Ahpra will refund all appeal fees to the applicant.



The appeals procedure is not a means of circumventing the Board's usual examination process or obtaining a re-marking of the candidate's attempt of the oral examination.

The Board maintains a two-tier appeals process:

Internal Appeal

An internal appeal is the first stage of the appeals process. An application that meets the grounds for an appeal will be considered by an internal appeals panel appointed by the Board. The internal appeals panel will identify whether any administrative or procedural error occurred. The internal appeals panel may call for further material from the candidate and/or the original examiners.

The appeal application must include supporting information explaining the candidate's reasons for lodging the appeal, be addressed to the [Examination Coordination Team](#) and be received no later than 14 days from the date of the correspondence advising of their examination result.

The appeal will be considered by the internal appeals panel within 10 business days of receipt of a complete appeal application. If the appeal is upheld, then the internal appeals panel will decide any further action to be taken and advise the candidate in writing within 7 days of the decision.

External Appeal

An external appeal is the second stage of the appeals process. Candidates will need to resubmit the *Oral examination (practice) appeal application form* with the additional information relevant to an external appeal and pay the fee for an external appeal. A candidate may only seek a review of the decision made by the internal appeals panel if the candidate has good reason to believe there has been a lack of fairness in the internal appeals process. The candidate may not appeal the initial appeal decision/outcome.

Applications for an external appeal must be received by the [Examination Coordination Team](#) within 7 days of the date of the correspondence advising of the outcome of the internal appeal. The external appeal will be considered by the independent appeals panel within 20 business days of receipt of a complete appeal application.

An external appeal application will be considered by an independent appeals panel appointed by Ahpra. The panel will comprise of at least 3 members, none of whom were previously involved in the initial examination of the candidate or the internal appeal initiated by the candidate. Two of the members are

required to be registered pharmacists and at least one non-pharmacist with experience relevant to assessment and/or appeals.

The panel may conduct its consideration of the appeal in a manner it considers appropriate and may call for further material from the candidate, the internal appeals panel, and/or the candidate's examiners.

Matters before the external appeal panel will be decided by majority vote.

The decision of the external appeal panel is final, and the candidate will be advised in writing within 7 days of the decision.

The Board recognises the right of candidates to have their personal information protected and made accessible to them. [Ahpra's Privacy Statement](#) will be complied with.

By lodging an *Oral examination (practice) appeal application form*, the candidate consents to relevant information being released to the internal appeals panel appointed by the Board and, if necessary, to the members of an external appeal panel.

Candidates can be assured that, unless authorised by law, personal information (i.e. information that directly or indirectly identifies the candidate) will not be disclosed to persons other than to members of the internal appeal panel or an external appeal panel and will only be used for the purposes related to the appeal.

Appendix 1: Demonstrating competency in the oral examination (practice)

Competence of interns is determined by assessment against a range of competencies from the [National Competency Standards Framework for Pharmacists in Australia \(2016\)](#). Table 1 below shows which competency standards are assessed in each part of the exam. Table 2 provides more detail on the observable behaviours that demonstrate competence, together with advice for strengthening practice in those particular areas. The information in both tables is adapted from the competency standards to demonstrate their applicability to the assessment of the exam.

Table 1. Competency standards assessed in the oral examination (practice)

| Competency Standard | Part of Oral Examination (practice) in which the competency standard is assessed |
|---|--|
| 1.1 – Uphold professionalism in practice This standard addresses the pharmacist's personal commitment to maintaining professional standards and applying medicines management expertise and the principles of Quality Use of Medicines (QUM) while recognising their obligations to society and the profession. It addresses professional demeanour and presentation, the professional qualities demonstrated in interactions with others, as well as their obligations to advocate socially responsible changes to the health system to better meet the needs of the community, including target groups such as Aboriginal and Torres Strait Islander peoples. Much of the behaviour expected of pharmacists emanates from the privileged position they hold as a result of the confidence and trust placed in them by patients, other clients and the community. This deserves reciprocation through attitudes and behaviours that demonstrate integrity and respect for the dignity of others. This is integral to upholding the good standing and reputation of the profession and to building a culture of professionalism in health care. | Part B |
| 1.2 – Observe and promote ethical standards This standard addresses the obligation pharmacists have to be informed about expected ethical standards, avoid or manage conflicts of interest and observe high ethical standards in all aspects of practice. This includes unusual or complex practice/business situations where pharmacists must form a view about the ethical dilemmas posed, carefully consider possible solutions or management options and adopt a course of action after due consideration of the likely consequences. | Part B |
| 1.3– Practise within applicable legal framework This standard covers compliance by pharmacists with legislative requirements that impact on professional practice and their work environment. This includes statute law (law enacted by a legislative body) and common law (the body of law based on judicial decisions and custom) as well as codes, guidelines and standards that become part of the legislative environment for professional practice by virtue of their adoption by the registering authority, the Pharmacy Board of Australia. Encompassed within the standard is the duty of care owed by pharmacists to those to whom they provide information, care and other professional activities. The nature and magnitude of that duty of care is not clearly enunciated in any one piece of legislation. Rather, the required level of skill and care will be determined from a combination of statutory and common law and will change over time. | Part B |
| 2.3 – Communicate effectively This standard addresses the communication skills of pharmacists and applies to both face-to-face interactions and those that are conducted through digital or electronic platforms. It covers the ability to communicate complex information, advice and opinions in English and to adapt communication style and content according to the needs of the recipient and the nature of the information. It also encompasses the provision of verbal, non-verbal and written information to individuals and groups of diverse cultural and linguistic background, including Aboriginal and Torres Strait Islander peoples, the capacity of pharmacists to successfully address factors that may adversely impact on communication, and to ensure the information provided has been received accurately and understood. These skills are essential for building the relationships needed to contribute and collaborate in a team-based model of care and for performing as an effective health professional capable of motivating and influencing others. | Parts A and C |
| 3.1 – Develop a patient-centred, culturally responsive approach to medication management This standard encompasses a patient-centred, culturally responsive approach to clarifying the medication management needs of patients and assessing the possible treatment options in the context of the patient's clinical status, therapeutic goals and preferences to agree and document a medication management strategy or plan. It covers the collection and synthesis of clinical information, the use of best available evidence, and the application of reasoning and professional judgement to assess clinical situations and medication treatment options. It also addresses the sharing, with patient consent, of verified information where needed to support provision of care in a team based model of care. | Parts A and C |
| 3.2 – Implement the medication management strategy or plan This standard addresses the role of pharmacists in providing or prescribing medicines (including prescription, non-prescription and compounded medicines) and promoting their safe and effective use through the provision of clear and relevant information and advice. It encompasses the primary care role of pharmacists where they are the first point of contact in the health system as well as their collaboration with other health professionals either directly, through onward referral of patients or within certain prescribing arrangements. When collaborating with prescribers, pharmacists have a proactive role in refining the medicines management treatment regimen and providing advice and information to patients that complements and reinforces that provided by the prescriber. | Parts A and C |

Table 2. Demonstrating competency and improving practice

The table below sets out the competency standards as described above together with evidence examples which describe the types of observable behaviours that demonstrate competence. The last column in the table titled **Advice and actions to support safe and competent practice** contains additional information, not set out in the competency standards framework, that may assist candidates in their preparation for the exam. It is also intended to assist candidates who have been unsuccessful in an examination to understand where they may need to strengthen their practice.

| National Pharmacy Competency Standards Framework | | Advice and actions to support safe and competent practice |
|---|---|--|
| Competency standard | Evidence examples | These activities may help to improve practice and prepare for the oral examination (practice). |
| 1.1 Uphold professionalism in practice | <ul style="list-style-type: none"> • Maintains professional relationships and practice relationships that are characterised by qualities of fairness, integrity, honesty, empathy and compassion. • Takes an appropriate course of action where unprofessional behaviour is apparent. • Shows a commitment to professional actions, decisions and advice being guided primarily by the interests and needs of patients (e.g. with generic substitution of medicines) or other clients. • Responds appropriately to unreasonable circumstances, requests or demands considered likely to compromise professional rights, standards or conventions. • Uses professional autonomy and judgement to respond to presenting circumstances. | <p>1. Reviewing legal and professional publications</p> <p>Code of Conduct</p> <ul style="list-style-type: none"> • The Pharmacy Board of Australia's (the Board's) Code of conduct (the Code) is shared by 12 health professions and sets out the standards of professional conduct expected by National Boards. • The Code has a dedicated webpage which also links to case studies which may assist candidates in understanding how to apply the Code to practice situations. <p>Relevant legislation, standards, guidelines, codes and charters</p> <ul style="list-style-type: none"> • All relevant legislation (national and state/territory based), which may include (but is not limited to) medicines and poisons legislation, privacy legislation and related guides (e.g. the Australian privacy principles), or the National Law. • The Board's guidelines, as well as guidelines and practice standards published by professional organisations such as PSA and AdPhA that relate to the legal and professional practice of pharmacy. • Codes of ethics published by professional pharmacy organisations. • The Australian Charter of Healthcare Rights gives an important perspective on what a patient should expect from a health care provider and may assist candidates in understanding a pharmacist's obligations to their patients. <p>2. Reviewing case studies</p> <ul style="list-style-type: none"> • Reviewing relevant case studies and developing a clear view of the action that should be taken that meets legal and professional obligations and ensures ethical professional practice. • Case studies are available on the Board's case studies learnings webpage as well as the Code of conduct webpage. Case studies may also be available from ITP providers. <p>3. Reflecting on situations encountered in practice</p> <ul style="list-style-type: none"> • Candidates are likely to encounter situations in their practice setting that raise legal, ethical or professional conduct issues. Candidates may wish to reflect on these situations with their preceptor or supervising pharmacist. Discussion within a study group may also be useful. |
| 1.2 Observe and promote ethical standards | <ul style="list-style-type: none"> • Applies sound ethical standards in the conduct of professional practice. • Identifies ethical dilemmas in practice and identifies a course of action appropriate to the specific situation. • Explains to collaborating colleagues the reasoning and approach taken in addressing ethical issues. | |
| 1.3 Practise within applicable legal framework | <ul style="list-style-type: none"> • Responds to the provisions of statute law (e.g. mandatory notification, storage and release of personal health information, supply and labelling of medicines, storage and documentation for controlled substances). • Accesses and correctly interprets the requirements of professional codes, guidelines and standards (e.g. use of social media, advertising, continuing professional development (CPD) and lifelong learning, compounding and dispensing) • Exhibits professional conduct characterised by diligence and care in responding to the best interests of patients and other clients. • Takes an appropriate course of action for possible or actual breaches or lapses in duty of care by self or others (e.g. in the event of an error or 'near miss', a complaint about conduct or possible impaired performance). • Observes the legislative limitations on collection, use and disclosure of personal information (including health information) (e.g. disclosure of health information to family members, referees reports for current or past employees) • Uses appropriate systems for storage, access, release and destruction/disposal of personal information that are designed to protect privacy and confidentiality • Acts to disclose any breach of privacy or confidentiality and prevent a recurrence. | |

| National Pharmacy Competency Standards Framework | | Advice and actions to support safe and competent practice |
|---|---|--|
| Competency standard | Evidence examples | These activities may help to improve practice and prepare for the oral examination (practice). |
| 2.3 Communicate effectively | <ul style="list-style-type: none"> • Uses active listening, a respectful, empathetic and compassionate manner and exchanges information without judgement or bias. • Responds to issues (e.g. health literacy, emotional state, cultural and language differences, disability) that can adversely impact on communication • Uses culturally safe and responsive communication and adapts non-verbal cues (e.g. posture, gestures, facial expressions) as needed • Elicits information requirements and timeframes through questioning, listening and responding to verbal and non-verbal cues. • Uses clear and concise language to provide information in written or verbal form, explaining medical or pharmaceutical terms as required. • Uses a process (e.g. questioning, asking the person to repeat the information) to check understanding and provides explanations or uses tools/resources to address misunderstandings or gaps in understanding. | <ul style="list-style-type: none"> • Communication used in the workplace can provide an opportunity for a supervising pharmacist to give real-time feedback to a candidate in a practice situation. Candidates may wish to engage with their preceptor to develop a plan for review of communication skills based on the evidence examples in the competency standards. • Peer to peer learning through small group exam practice sessions can provide focused feedback on communication skills such as clarity of delivery and use of appropriate language. |
| 3.1 Develop a patient-centred, culturally responsive approach to medication management | <ul style="list-style-type: none"> • Interviews the patient to elicit relevant personal information, preferences and health information, including current signs and symptoms, using a systematic and culturally responsive approach. • Obtains detail of current medication treatment (including any complementary and alternative medicines) and compares it with past medication treatment where possible. • Liaises with family members and other health professionals as needed to obtain additional clinical information needed to assess medication management needs • Makes enquiry to ascertain medication management practices and any gaps in understanding that may be adversely impacting on self-management. • Develops a cohesive view of clinical circumstances and identifies situation warranting particular care (e.g. infants, pregnant or breastfeeding women) or onward referral (e.g. persistent or potentially serious symptoms or sign). • Uses their understanding of sources of actual or potential medication-related problems or issues to identify patient (e.g. age, allergies, comorbidities, pregnancy), drug (e.g. bioavailability, toxicity, efficacy, interactions, potential for abuse) and dosage form factors (e.g. stability, sterility) that may impact on safety and efficacy • Determines how patient preferences, information/advice from collaborating professionals and evidence (e.g. safety profile, cost-effectiveness, contraindications) impact on treatment options • Provides information and clear, balanced explanations to assist the patient to understand therapeutic goals (e.g. improved function, amelioration, cure) and medication management options • Liaises with the patient, prescriber and other involved health professionals to agree roles and therapeutic goals with consideration of community impacts (e.g. antibiotic resistance, relative costs) • Reinforces the agreed/documented medication management strategy or plan and its alignment with patient preferences, clinical needs and therapeutic goals. | <ul style="list-style-type: none"> • Appropriate history taking enables gathering the necessary information to identify factors that may impact on safety and efficacy of medicines. • Reflecting on a candidate's history taking process and reviewing the questions they ask and their relevance. The process should gather information that is relevant to the patient, the patient's condition(s) and any potential medication-related problems or issues. Using a checklist in the practice environment or in small study groups may be beneficial (noting that using a written checklist in the exam itself is only permitted in Part C). If using a checklist, consider ways to make it responsive and flexible in practice to ensure relevance to the presenting circumstances. • Taking a patient history in clinical practice under the guidance of (and seeking feedback from) a preceptor or supervising pharmacist is important. Candidates may also seek guidance from their Intern Training Program provider (ITP). • The section titled <i>Treatment guidelines for pharmacists</i> in the Australian Pharmaceutical Formulary (APF) contains helpful information on history taking. • Assessing medicines related risk includes using clinical knowledge and evidence presented in relevant reference texts such as the AMH, MIMS, AusDI and the APF. Familiarity with the use of these references may support candidates in making evidence-based decisions and recommendations on medication appropriateness, safety and efficacy. • Practical experience in providing information to patients, including developing a medication management plan using collaborative communication • Seeking opportunities to liaise with other health professionals during practice wherever possible • Seeking feedback from a supervising pharmacist or preceptor when undertaking the above activities may assist candidates to refine their skills and improve their ability to demonstrate competence in the exam. <p>Note: in part A of the exam, a candidate will only be able to interview the patient or the patient's agent. In part C of the exam, other health care professionals may also be available.</p> |

| National Pharmacy Competency Standards Framework | | Advice and actions to support safe and competent practice |
|---|--|---|
| Competency standard | Evidence examples | These activities may help to improve practice and prepare for the oral examination (practice). |
| 3.2 Implement the medication management strategy or plan | <ul style="list-style-type: none"> Provides appropriate treatment of minor injuries (e.g. sprains, cuts, burns, bites, stings) and supporting advice on required follow-up (e.g. referral or conditional referral to a medical practitioner). Engages patients to describe the benefits of a nonpharmacological option (e.g. reduced symptom severity, frequency, duration) and the reasons a pharmacological treatment is either not indicated or may be of limited benefit. Differentiates clinical situations where medicines are likely to be of little or no clinical benefit and non-pharmacological treatment options are preferable. Recommends over-the-counter medicines and treatment regimens based on a presumptive diagnosis or the presenting signs and symptoms and after considering the safety and effectiveness of the medicine as well as its potential for misuse or abuse Assesses and responds to the patient's needs for specific explanations, demonstrations, advice or information for selected medicines or healthcare products and, where indicated, provides advice on circumstances that warrant referral to a medical practitioner Refers patients to services, organisations, health programs, websites and literature that could assist and support self-care Liaises with the prescriber and the patient to clarify details of the intended medicine(s) and treatment regimen (e.g. drug, dose, dosage form, instructions for use, duration of use) and, where necessary, the clinical indication Consults available health information and the patient to assess whether the intended medication and treatment regimen are appropriate and that there are no contraindications to use Negotiates and documents approved changes to prescribed medicines or treatment regimen and any dosing aids considered necessary (e.g. spacer, dose administration aid (DAA)). Explains to patients the correct use and storage of their medicines, the expected outcomes, and actions to take in the event of treatment failure or adverse effects, adapting their counselling to respond to social and cultural needs Checks the patient's understanding of desired medication management arrangements through listening and questioning. Explains other factors (e.g. fluid intake, smoking cessation, dietary or exercise habits) that may assist the therapeutic benefits of medicines | <ul style="list-style-type: none"> Reviewing relevant sections of reference texts, for example: <ul style="list-style-type: none"> <i>Wound management</i> and <i>Health information</i> sections in the APF have guidance on appropriate management of minor injuries and other minor ailments <i>Treatment guidelines for pharmacists</i> section in the APF details 30 common primary care issues AMH, AusDI, eTG contain information on a range of conditions including those encountered in primary care such as constipation and oral thrush. Non-pharmacological management and lifestyle modifications are also included. Revising first aid information from approved first aid courses Reviewing available patient resources, including <ul style="list-style-type: none"> Written resources such as Self Care fact cards Electronic resources such as the Better Health Channel Organisations that provide support such as Quitline Using real practice scenarios to document a case for study purposes may be useful. Candidates could record the questions they asked a patient, treatment recommendations, referral points and advice, and then compare these against reference texts as listed above. A reflective discussion with a preceptor or supervising pharmacist may assist to identify areas for improvement or alternative approaches to take in the future. Candidates who are not practising in areas where primary care is provided (e.g. a hospital setting) may consider seeking out a colleague or mentor in community pharmacy to assist in developing competence in provision of primary care. Small group practise sessions may also assist candidates, including under mock-exam conditions, and provide opportunities for peer-to-peer feedback and knowledge sharing. Seeking opportunities to liaise with other health professionals during practice wherever possible, especially when there are issues with a prescription that need to be addressed. Candidates may consider seeking feedback on their process of consulting with patients and prescribers and ensure they are confident to justify any recommendations they may make. Revising the content of the oral examination candidate guide for examples of types of issues that can present in a part C scenario. Establishing a process for determining the appropriateness and safety of treatment and becoming proficient at using appropriate references to support this. Examples include the APF, AMH, AusDI, eTG Reviewing relevant counselling points from references such as the APF, AusDI, AMH and the drug's CMI. Reflecting on the expectations of counselling in practice and revising the information that is relevant to deliver to a patient about a particular medicine or condition. This should include dosing and administration advice and supporting information including non-pharmacological treatments and lifestyle advice. Reviewing the language used in counselling, ensuring the use of patient-centred language and ensuring patient understanding. Seeking opportunities to counsel patients under the supervision of a supervising pharmacist or preceptor and seeking feedback. Small group exam practice sessions can provide the opportunity to deliver simulated counselling. Peer reflections can provide feedback on the appropriateness of counselling, delivery and content, use of patient-centred language and confirmation of patient understanding. |

PHARMACY ORAL EXAMINATION (PRACTICE)

CANDIDATE GUIDE

COVID-19 Addendum

The modifications to the oral examination (practice) outlined in this addendum apply during the COVID-19 pandemic until further notice.

The primary role of the Pharmacy Board of Australia (the Board) is to protect the health, safety and wellbeing of the public by ensuring pharmacists are competent and fit to practise. We also recognise that it is important to help interns transitioning into the workforce during COVID-19 when their contribution is vital.

The Board has decided to modify some of the requirements for general registration during the COVID-19 pandemic (the pandemic). This addendum to the candidate guide outlines the modifications to the oral examination (practice) and the entry requirements for this examination that only apply during the pandemic. Please also refer to the candidate guide for further information about the examination.

The decisions of the Board to modify some of the requirements were made in collaboration with the Australian Health Practitioner Regulation Agency (Ahpra) and the Australian Pharmacy Council (APC) in response to the concerns of interns and their preceptors and employers while still ensuring public safety.

Eligibility to undertake the oral examination (practice)

While the eligibility criteria to undertake the June 2020 oral examination (practice) outlined in the candidate guide were unchanged, the eligibility criteria to undertake the oral examination (practice) from October 2020 have been modified.

To be eligible to undertake the oral examination (practice) from October 2020:



- pharmacy interns must have completed 75% of the revised 1,575 approved supervised practice hours (i.e. 1,181 hours) required for general registration by the first scheduled day of the oral examination (practice) period, or
- pharmacists holding general or limited registration must have completed 75% of any supervised practice hours set by the Board, prior to sitting the oral examination (practice)