

PHARMACY ORAL EXAMINATION (PRACTICE)

CANDIDATE GUIDE

Effective: 1 January 2022

To be eligible for general registration as a pharmacist in Australia, in accordance with section 52 (1)(b) of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), an individual must successfully complete any examination or assessment required by an approved registration standard. The [Registration standard: Examinations for eligibility for general registration](#) published by the Pharmacy Board of Australia (the Board) states that an individual must successfully complete a written and/or an oral examination in order to demonstrate their competence to practise.

Assessment for initial general registration comprises a written examination and an oral examination. Along with the other requirements of the intern year, the two examinations together form an assessment of a candidate's competence to practice as a pharmacist.

The oral examination (practice) conducted by the Board is an assessment of competence that requires candidates to demonstrate that they can competently apply their knowledge and skills to situations that may be encountered in practice. The written examination¹ is conducted by the Australian Pharmacy Council (APC) on behalf of the Board and is used as an assessment of the candidate's ability to apply knowledge gained in the undergraduate course and during supervised practice to practice situations.

This candidate guide has been prepared to inform candidates on the structure and conduct of the oral examination (practice) and to assist them in their preparation for this examination.

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



- pharmacy interns must have completed 75% of the 1824 approved supervised practice hours required for general registration by the first scheduled day of the oral examination (practice) period, or
- pharmacists seeking to return to practice must have completed 75% of the supervised practice hours set by the Board, prior to sitting the oral examination (practice)

*Eligibility criteria may be changed by the Board in certain circumstances such as the COVID-19 pandemic. Please refer to the addendum at the end of this guide for any changes in requirements as well as the period for which the changed requirements are in effect.

The Pharmacy Board of Australia oral examination (practice) is delivered nationally, in all jurisdictions throughout Australia. The oral examination (practice) was formerly known as the oral examination or oral practice assessment.

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

¹ Further information about the written examination conducted by the Australian Pharmacy Council on behalf of the Board is available at www.pharmacycouncil.org.au.

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About the oral examination (practice)

Philosophy of the oral examination (practice)

The oral examination (practice) is designed to assess the extent of a candidate's knowledge and his or her ability to use that knowledge to make sound judgments and communicate appropriately in pharmacy practice situations. The candidate must consistently demonstrate a clear ability to integrate all of the information about practice situations with appropriate regard for the safety and well-being of the patient.

To pass the oral examination, candidates must demonstrate throughout the examination that they have satisfactory factual knowledge, they can competently apply their knowledge to practice situations, and they are proficient in decision making and communication..

In the assessment of each practical situation presented to the candidate, consideration is given to the following:



- Has the patient been dealt with in a way that will minimise any potential risk to which he or she may be exposed?
 - Has the patient's therapy been optimised? (e.g. Has the patient been supplied with sufficient advice and information to ensure that he or she knows how to take or use the medication and manage their health condition effectively?)
 - Has the patient been caused any harm by an action, including an omission, or by a decision of the candidate?
 - Has the candidate demonstrated their ability to practise legally and professionally?
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Examiners will therefore consider the candidate's performance at the examination, and will record that the candidate was unsuccessful in the oral examination if:

- any individual patient would have been caused serious harm or injury, or
- any individual patient would not have had the potential risk involved with their treatment reasonably minimised and/or their therapy optimised, and/or
- the candidate has failed to practise legally and professionally
- the candidate has not demonstrated reasonable factual knowledge.

In order to pass the examination, candidates in the oral examination (practice) are therefore expected to:

- respond appropriately and safely, using sound judgment when presented with a variety of practice situations. These situations may include, but are not limited to:
 - demonstrating patient history-taking skills that would assist in decision-making processes when recommending safe and effective treatment options for a patient
 - considering prescriptions presented, including reviewing the patient's medication history and seeking further information from the prescriber, patient or agent (which may be presented as community practice and/or hospital-based situations)
 - responding to drug-information queries
 - responding to over-the-counter (OTC) requests for advice, possibly associated with concurrent prescription therapy
- demonstrate reasonable factual knowledge
- demonstrate a sound knowledge of the laws that govern pharmacy practice and apply it appropriately to practice situations
- demonstrate a sound knowledge of professional ethics and responsibility, and the ability to use professional discretion appropriately, and
- respond to practice situations using communication appropriate to the circumstances.

Competency standards for pharmacy practice

The Board has adopted competency-based standards as a framework for the oral examination (practice). These standards are set out in the document [National Competency Standards Framework for Pharmacists in Australia 2016](#).

Definitions

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.
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Standards	Levels of achievement required for performance to be judged as competent.
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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.
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The competency standards that may be assessed in the pharmacy oral examination (practice) are outlined in Appendix 1, page 15.

Questions and scenarios are developed to address a broad range of competency standards so that the examiners may assess a candidate's competence in the setting in which the oral examination (practice) is conducted. For instance, a scenario may require the candidate to do one or more of the following:

1. Upon receipt of a patient medication history consider:
 - concurrent therapy which would need review/monitoring if one drug is ceased
 - possible medication over or under use
 - possible medication misuse or abuse
 - the consequences of the involvement of several prescribers
 - appropriateness of dose
 - duplicate prescribing
 - inappropriate prescribing
2. Upon receipt of a prescription for a patient, consider whether the prescription:
 - is deficient in some legal requirement
 - calls for an inappropriate dose of a medication
 - is for a medication that interacts with the patient's other medication/s, and/or
 - is for a medication that is contraindicated for the patient.
3. Demonstrate in role play (with the candidate as the pharmacist and the examiners as the patient or agent and the prescriber) a suitable resolution of the problems or issues and provide appropriate counselling to the patient.








Description of the oral examination (practice)

- Conduct**
- The oral examination (practice) period may extend over several days or weeks, and candidates are advised by the Australian Health Practitioner Regulation Agency (Ahpra) of the time and venue they should attend. To ensure equity for all candidates, candidates are placed into a random order for attendance.
 - At the examination venue, candidates will be asked to wait at a designated point until they are called to be accompanied to an examination room. Each candidate will be assessed by two examiners. The Board may also appoint an observer to be present for the duration of the oral examination (practice). The observer does not play a role in the assessment of the candidate.
 - After completing the examination, each candidate is accompanied to a post-examination waiting area and must not discuss their experiences with any other candidate who has not yet taken the examination. A breach of this examination rule may result in disqualification of both candidates.
 - Candidates may bring their own notes and reference books to use in Part 4 of the examination. References may be loaded onto an electronic device such as a laptop computer, however internet use is strictly forbidden. A breach of this examination rule may result in candidate disqualification.

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- Structure**
- The examination consists of a range of standardised and validated questions and practice-based scenarios designed to test a range of competencies. As registration in Australia does not limit where a pharmacist may practise, candidates must be familiar with the competencies required to practise in both community and hospital contexts irrespective of where they have undertaken their supervised practice.
 - In this examination, candidates are required to demonstrate that they have a sound knowledge base, the ability to apply their knowledge to the practice situation, the ability to solve practice-based problems, and the ability to effectively communicate in fluent English in a way that other health care professionals and consumers can understand.
 - The oral examination (practice) consists of the following three parts:
 - Part A: Primary Healthcare (10 mins)
 - Part B: Legal and Ethical Practice (5 mins)
 - Part C: Problem Solving & Communication (20 mins)
 - The time taken to conduct the examination is 35 minutes. Examiners realise that candidates may be nervous and will attempt to put candidates at ease. Candidates should try to relax and demonstrate their competence in a calm and confident manner.
 - In the situations presented, consideration such as dose, interactions, indications, side effects, legal aspects, counselling points, etc, are expected to be known. Examiners must be satisfied that the candidate has a good grasp of practical and legal matters, that he or she can demonstrate sound professional judgment in dealing with common practical situations, and that he or she would be able to practise independently and with care and prudence.
 - Candidates should expect examiners to remain neutral regarding the quality of their answers. Candidates are advised that examiners will not indicate whether the question or situation has been competently dealt with.
 - Candidates are advised to read widely in preparation for the examination, including professional journals, drug bulletins and other source material of topical importance. Pharmacy interns are required to participate fully in a Board approved pharmacy intern training program and are encouraged to attend as many relevant continuing education activities as possible.

Structure of the oral examination (practice)

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

<p>Part A</p>  <p>10 mins</p>  <p>No references</p>	<p>Primary Healthcare</p> <p>The candidate is presented with a primary health care scenario (e.g. pain, rash, eye problem etc) and is expected to elicit relevant patient information through appropriate history-taking to deliver reasonable primary health care. In addition, the candidate is expected to demonstrate knowledge about the health condition (which may include correct identification of the condition).</p> <p>This part is conducted in role play.</p> <p>Appropriate management with justification is required. This may include</p> <ul style="list-style-type: none">• OTC treatments,• lifestyle modifications, or• referral to another health care practitioner. <p>Examiners will also assess the candidates for their ability to:</p> <ul style="list-style-type: none">• structure a relevant patient/agent medical and medication history interview based on the primary health care scenario presented,• apply communication skills to obtain correct information and deliver appropriate advice,• establish rapport with the patient/agent,• use language appropriate to the person in role play, and• respond appropriately to the needs of the patient/agent during role play. <p>Access to references and texts is not permitted during this part.</p>
<p>Part B</p>  <p>5 mins</p>  <p>No references</p>	<p>Legal and Ethical Practice</p> <p>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 explain the potential relevant legal and/or ethical issues and recommend final actions to be taken to produce a legal and satisfactory outcome for the patient/client or situation described. In addition, the candidate may be asked how this situation could possibly be prevented in future. This part is not conducted in role-play.</p> <p>In this section, examiners will also assess the candidates for their:</p> <ul style="list-style-type: none">• knowledge of ethical and legal aspects (factual knowledge) and application of knowledge• proficiency of decision making – final actions taken and reasons why• communication including clear explanation of issues, justifications for actions, etc. <p>Access to references and texts is not permitted during this part.</p>
<p>Part C</p>  <p>20 mins</p>  <p>References Permitted</p>  <p>No internet</p>	<p>Problem Solving and Communication</p> <p>The candidate is given a prescription and the pharmacy's own patient dispensary medication history and is expected to elicit other relevant information through appropriate patient history-taking.</p> <p>This part is conducted in role play (e.g. with the patient/agent and prescriber/s).</p> <p>A problem or main issue may exist, including but not limited to:</p> <ul style="list-style-type: none">• 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
- monitoring of the patient's treatment

References are permitted in this part subject to the conditions/restrictions specified in the oral examination (practice) rules (see examination rules 5 and 6). The candidate is expected to communicate appropriately with the patient/agent and their health practitioner/s to reach a satisfactory patient outcome.

Examiners will also assess the candidate's:

- medication factual knowledge
- application of knowledge to practice situations
- proficiency in decision making
- communication skills (taking a suitable patient history in order to determine potential medication or medical condition issues, listening skills to extract relevant information, and establishing rapport and using clear and appropriate language when communicating with the patient/agent and health practitioner/s).

Important information for candidates

Eligibility to undertake the oral examination (practice)

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

- pharmacy interns must have completed 75% of the 1824 approved supervised practice hours required for general registration by the first scheduled day of the oral examination (practice) period, and
- pharmacists seeking to return to practice must have completed 75% of the 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 be a candidate

The Board conducts the oral examination (practice) for pharmacy interns on three occasions each year (refer to the Pharmacy Board of Australia [Schedule of Oral Examinations](#)). Candidates must apply to sit the oral examination (practice) in the jurisdiction where they undertook their supervised practice. Pharmacy interns should lodge an '[Application for a pharmacy intern to be a candidate for an oral examination \(practice\)](#)' form by the application closing date, as detailed on the Schedule of Oral Examinations. **Late applications will not be accepted.**

Pharmacists who are required by the Board or its delegate to sit the oral examination (practice) should lodge an '[Application for oral examination \(practice\) or oral examination \(pharmacy law and ethics\)](#)' form.

After the application closing date and at least two weeks before the commencement of the examination period, candidates will receive by email a copy of the examination candidate timetable detailing the time and place of their examination. Candidates are required to immediately notify Ahpra of any changes to their contact details including their email address.

Results

Oral examination (practice) results for interns are ratified by the Board or its delegate. This may occur some days 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.

Unsuccessful candidates will be invited to attend an examination feedback meeting to receive a verbal account of the reasons for the examiners' decision. The meeting time is determined by Ahpra. Attendance is strongly encouraged so that candidates gain an understanding of why they were unsuccessful in the examination and learn ways to improve their performance at their next attempt. The purpose of the meeting is not to review and/or re-mark the candidate's exam result.

Preparing for the oral examination (practice)

During their internship, candidates should have used training plans, undertaken CPD activities, and made use of practical situations (observe, experience, learn, reflect) to ensure adequate preparation for the oral examination and to enhance their future practice as a pharmacist holding general registration. This approach is intended to assist candidates to identify learning gaps and improve their confidence and performance in areas of factual knowledge, application of knowledge to practice situations, proficiency in decision making, and communication which are assessed throughout the oral examination.

Candidates are advised to broaden their practical experience by seeking experience in areas other than their regular practical training area when at all possible. This may be achieved by including supervised practice rotations in other practice settings during their internship. This advice particularly applies to pharmacy interns undertaking some of their Board approved supervised practice at a pharmaceutical manufacturing unit, or in a teaching or research institution.

Practical preparation by candidates may also include quizzing themselves on medications (e.g. on dosage range and frequency, indication, counselling points) they are about to dispense (or in other work situations such as putting away stock or packing a dose administration aid), role-playing primary health care scenarios including taking a relevant and reasonable patient history with a colleague, time keeping (practising questions under examination conditions), handling prescription problems (or observing others handling prescription problems), and reviewing their own performance – how clear is their counselling and communication (e.g. listening, speaking)? etc.

If candidates are prone to extreme examination-related nervousness or anxiety, they may consider seeking advice from a health professional prior to the examinations.

Examination day – in the examination room

At certain times, the Board may need to make changes to the delivery of the oral examination, for example in response to a public health issue. Details of such a response are included in an addendum at the end of this guide.

In the examination room, the two examiners will introduce themselves to the candidate and conduct the assessment. The examiners will provide instructions and once the examination is underway, make notes based on the candidate's response to examination material and monitor time. Candidates should also keep track of the time allocated for each question to ensure they allow sufficient time to cover each question adequately. As each part of the examination is introduced, a question sheet will be provided to the candidate to view so they are clear on what is required. Once a part of the examination has concluded, it will not be revisited.

An observer may also be present in the examination room.

Paper and pen will be provided for candidates to make notes during the question if required (refer rule 5). Any notes taken by the candidate will be destroyed afterwards. Electronic devices cannot be used for note taking.

Candidates will be asked to start their computer and leave it aside until Part 4. Wi-Fi or internet connection must be turned off and will be checked by the examiners. References are to be placed aside until Part 4.

Upon conclusion of the examination, candidates will be instructed to collect their own references and belongings. Depending on the examination time, candidates will be accompanied by an examiner to the post-examination waiting area or quarantine room.

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:

1. In order to be granted entry to the oral examination (practice), candidates are required to:
 - for pharmacy interns, have completed 75% of their 1824 approved supervised practice hours by the first scheduled day of the oral examination (practice) period, and
 - for recency of practice pharmacists, have completed 75% of the supervised practice hours set by the Board, prior to sitting the oral examination (practice).
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.
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.
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.
5. Candidates may bring into the examination room any reference material (electronic or hard copy) of their choice, which may be referred to when directed by an examiner. However, no extra examination time will be awarded to candidates for this purpose. References may contain personal annotations or marks. Electronic reference devices must be set to English language prior to attending the examination centre otherwise they may not be used during the examination. The Board will not provide references for the candidate's use. Candidates should note that no assistance will be provided to transport their chosen reference material to examination rooms. Candidates will be provided with pen and paper to make notes during the examination which will be retained by the examiners at the end of the examination. Examiners will not use these notes in their assessment of the candidate. Electronic devices cannot be used by candidates for the purpose of note taking.
6. Candidates are prohibited from communicating externally which includes the use of electronic devices during the whole of the examination (including pre- and post-examination waiting areas). Any electronic device used for the open book section (Part C) such as laptop computers or tablets, must have cellular, wifi or internet capabilities disabled. Examiners and examination staff shall have the right to 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) must not be used to do so.

The following electronic devices are prohibited from use during the examination: smartphones, MP3 players, other "smart" accessories such as watches, glasses, or other wearable technology. Candidates must ensure that references used for the open book section (Part C) of the examination do not rely on internet connectivity.
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 examination officers.
8. After the conclusion of the examination, any communication regarding examinations must be sent to the [Ahpra 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 supervisor will be regarded as a breach of discipline and 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.

Misconduct

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, invigilator or Ahpra staff member
- 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 the internet, any communication device, online software or other unauthorised device during the examination, and
- 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 Due to a candidate's circumstances, special arrangements may be required 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 designed for candidates experiencing such anxiety or nervousness.

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's Registration and Examinations Committee (REC) for consideration and decision. The decision reached by this committee is final.

Supporting documentation (e.g. a medical report) must be provided to assist the REC in making its 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.

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 either during the same examination period (subject to examiner availability) or outside of the usual scheduled examination periods (February, June, October). Requests to reschedule examinations are considered by Ahpra or 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.

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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If a candidate believes he/she has cause to lodge an oral examination (practice) appeal, this must be done 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.

There are two stages/types of appeals:

1. Internal Appeal An internal appeal is the first stage of the appeals process. An appeal application that meets the grounds for an appeal will be considered by an internal appeals panel appointed by the Board (routinely the Board's Registration and Examinations Committee). 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 30 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 make a decision on any further action to be taken and advise the candidate in writing within 7 days of the decision.

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2. External Appeal A candidate may only seek a review of the appeal decision made by the internal appeals panel if the candidate has good reason to believe there has been a lack of fairness in the process resulting in a breach of the appeals process that preceded the appeal decision. The candidate may not appeal the initial decision/outcome.

The candidate can apply for an external appeal by lodging an *Oral examination (practice) appeal application form* with payment of the required fee.

Applications for an external appeal must be received by Ahpra within 7 days of the date of the correspondence advising of the outcome of the internal appeal. The

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 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: Competency Standards relevant to the Pharmacy Oral Examination (practice)

(Adapted from the [National Competency Standards Framework for Pharmacists in Australia \(2016\)](#))

Competence of interns is determined by assessment against a range of competencies from the 2016 Framework via the oral and written examinations. The competencies that may be assessed in the oral examination (practice) and examples of evidence that may be sought by examiners are set out in the table below. The competencies assessed in the written examination are detailed on the APC website.

Part A – Primary healthcare

Competency standard	Enabling competencies	Evidence examples
<p>2.3 Communicate effectively</p> <p>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.</p>	1. Use appropriate communication skills.	<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.
	2. Confirm the effectiveness of communication.	<ul style="list-style-type: none"> 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.
<p>3.1 Develop a patient-centred, culturally responsive approach to medication management</p> <p>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.</p>	1. Obtain relevant health and medicines information.	<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.
	2. Assess medications management practices and needs.	<ul style="list-style-type: none"> 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.

Competency standard	Enabling competencies	Evidence examples
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.	2. Provide primary care and promote judicious use of medicines.	<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). Differentiates between dressings and bandages to correctly select, or select and apply bandages and dressings. Engages patients to describe the benefits of a non-pharmacological 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.
	4. Prescribe medicines. <i>(Note: As authorities have not been granted to pharmacists for prescribing under supervision and autonomous prescribing, only performance criteria that provide for prescribing under a structured arrangement or protocol have been included here).</i>	<ul style="list-style-type: none"> Determines whether the patient's established diagnosis and clinical status accord with those required under the prescribing arrangement. Accesses and uses the prescribing arrangement documentation (e.g. protocol, guideline or standing order) to guide their prescribing. Uses established pathways within the prescribing arrangement to refer patients for medical review when needed, clearly communicating and documenting the reasons for doing so.
1.5 Apply expertise in professional practice This standard has been created from a standard of the Advanced Pharmacy Practice Framework (APPF) that was originally intended to apply only to clinical pharmacy practice but was adapted within the Advanced Pharmacy Practice Credentialing Pilot to apply to all areas of practice. It encompasses the processes whereby pharmacists work as independently accountable health professionals to contribute to professional activities through analysis, problem solving and the considered and responsible application of expertise specific to their area of practice. For example, for a pharmacist developing expertise in medicines management and patient care, Standard 1.5 should be applied with reference to those enabling competencies in Domain 3 which are relevant to the pharmacist's scope of practice.	1. Apply expert knowledge and skills.	<ul style="list-style-type: none"> Deals effectively with routine practice scenarios.
	2. Use reasoning and judgement.	<ul style="list-style-type: none"> Develops a clear view of the nature of the presenting circumstances and possible options for responding Addresses issues in priority order and identifies where presenting circumstances warrant an atypical response or the assistance of more experienced colleagues. Uses operational policies, procedures and protocols as decision-support tools for addressing routine situations in core practice areas.

Part B – Legal and ethical practice

Competency standard	Enabling competencies	Evidence examples
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	1. Promote a culture of professionalism.	<ul style="list-style-type: none"> Takes an appropriate course of action where unprofessional behaviour is apparent.
	2. Uphold the professional role of a pharmacist.	<ul style="list-style-type: none"> Responds appropriately to unreasonable circumstances, requests or demands considered likely to compromise professional rights, standards or conventions.
	4. Accept professional responsibility and accountability.	<ul style="list-style-type: none"> Uses professional autonomy and judgement to respond to presenting circumstances.

Competency standard	Enabling competencies	Evidence examples
to upholding the good standing and reputation of the profession and to building a culture of professionalism in health care.		
<p>1.2 Observe and promote ethical standards</p> <p>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.</p>	<ol style="list-style-type: none"> 1. Support ethical professional practice. 2. Manage ethical issues arising in practice. 3. Promote ethical professional practice. 	<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.
<p>1.3 Practise within applicable legal framework</p> <p>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.</p>	<ol style="list-style-type: none"> 1. Comply with statute law, guidelines, codes and standards. 2. Respond to common law requirements. 3. Respect and protect the individual's rights to privacy and confidentiality. 	<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 life-long learning, compounding and dispensing). • Adopts work practices (e.g. management of hazardous waste, personnel access to drugs) and observes system design features (e.g. security systems, workflow arrangements) that have been influenced by legislation (e.g. Workplace Safety, industrial relations, advertising and trade practices legislation). • 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.
<p>1.5 Apply expertise in professional practice</p> <p>This standard has been created from a standard of the Advanced Pharmacy Practice Framework (APPF) that was originally intended to apply only to clinical pharmacy practice but was adapted within the Advanced Pharmacy Practice Credentialing Pilot to apply to all areas of practice. It encompasses the processes whereby pharmacists work as independently accountable health professionals to contribute to professional activities through analysis, problem solving and the considered and responsible application of expertise specific to their area of practice. For example, for a pharmacist developing expertise in medicines management and patient care, Standard 1.5 should be applied with reference to those enabling competencies in Domain 3 which are relevant to the pharmacist's scope of practice.</p>	<ol style="list-style-type: none"> 1. Apply expert knowledge and skills. 2. Use reasoning and judgement. 	<ul style="list-style-type: none"> • Deals effectively with routine practice scenarios. • Develops a clear view of the nature of the presenting circumstances and possible options for responding. • Addresses issues in priority order and identifies where presenting circumstances warrant an atypical response or the assistance of more experienced colleagues. • Uses operational policies, procedures and protocols as decision-support tools for addressing routine situations in core practice areas.

Competency standard	Enabling competencies	Evidence examples
<p>2.3 Communicate effectively</p> <p>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.</p>	<p>1. Use appropriate communication skills</p> <p>2. Confirm the effectiveness of communication</p>	<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.
<p>3.1 Develop a patient-centred, culturally responsive approach to medication management</p> <p>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.</p>	<p>1. Obtain relevant health and medicines information</p> <p>2. Assess medications management practices and needs</p> <p>3. Collaborate to develop a medication management strategy or plan</p>	<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. • 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/documentated medication management strategy or plan and its alignment with patient preferences, clinical needs and therapeutic goals.
<p>3.2 Implement the medication management strategy or plan</p> <p>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 system³ 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.</p>	<p>3. Dispense medicines in consultation with the patient and/or prescriber</p> <p>4. Prescribe medicines</p>	<ul style="list-style-type: none"> • 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)). • Determines whether the patient's established diagnosis and clinical status accord with those required under the prescribing arrangement. • Accesses and uses the prescribing arrangement documentation (e.g. protocol, guideline or standing order) to guide their prescribing. • Uses established pathways within the prescribing arrangement to refer patients for medical review when needed, clearly communicating and documenting the reasons for doing so.

Competency standard	Enabling competencies	Evidence examples
	5. Provide counselling and information for safe and effective medication management	<ul style="list-style-type: none"> • 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.
<p>1.5 Apply expertise in professional practice</p> <p>This standard has been created from a standard of the Advanced Pharmacy Practice Framework (APPF) that was originally intended to apply only to clinical pharmacy practice but was adapted within the Advanced Pharmacy Practice Credentialing Pilot to apply to all areas of practice. It encompasses the processes whereby pharmacists work as independently accountable health professionals to contribute to professional activities through analysis, problem solving and the considered and responsible application of expertise specific to their area of practice. For example, for a pharmacist developing expertise in medicines management and patient care, Standard 1.5 should be applied with reference to those enabling competencies in Domain 3 which are relevant to the pharmacist's scope of practice.</p>	<p>1. Apply expert knowledge and skills.</p> <p>2. Use reasoning and judgement.</p>	<ul style="list-style-type: none"> • Deals effectively with routine practice scenarios. • Develops a clear view of the nature of the presenting circumstances and possible options for responding. • Addresses issues in priority order and identifies where presenting circumstances warrant an atypical response or the assistance of more experienced colleagues. • Uses operational policies, procedures and protocols as decision-support tools for addressing routine situations in core practice areas.

Note: Competencies from the following Domains are regarded as outside the scope of the Pharmacy Oral Examination:

- 4. Leadership and Management, and
- 5. Education and Research.

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 seeking to return to practice must have completed 75% of the supervised practice hours set by the Board, prior to sitting the oral examination (practice)

Format of oral examinations (practice)

The oral examination is usually held face-to-face at an examination venue in each state and territory however, during the pandemic, it may be necessary to conduct some examinations using an online platform. The following outlines the format and additional information relevant to the delivery of the examinations.

Online delivery of examination	Face-to-face delivery of examination
The oral examination (practice) will be delivered through an online video conference platform (e.g. Zoom or Skype).	The oral examination (practice) will be delivered face-to-face.
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 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 face to face examination.
The use of internet, any communication device or online software during this examination is prohibited,	The use of internet, any communication device or online software during this examination is prohibited.

Online delivery of examination	Face-to-face delivery of examination
except for the purposes of video conferencing to enable the examination to take place.	
For Part C (Problem Solving and Communication) of the exam, references are permitted but only offline or hard copy references.	For Part C (Problem Solving and Communication) of the exam, references are permitted but only offline or hard copy references.
Candidates will undertake the examination at a location of their choosing that meets examination rules (a quiet room). The candidate will connect from their computer via video link; examiners will also connect from their computer.	Ahpra will advise the location of the examination venue where candidates are to attend for the face to face examinations.
The candidate is required to be alone in the room where they undertake the exam.	Examiners will be present with the candidate in the examination room.
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.	Examiners will provide the candidate with a glass of water and paper and pen – as they may be needed during the exam. Electronic devices cannot be used for note taking.
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.	Two examiners will introduce themselves and conduct the assessment. The examiners will provide instructions about the examination format, 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, a hardcopy question sheet will be provided to the candidate to review.
Candidates will need to ensure they are using a computer or laptop that has video and audio capabilities.	Candidates may bring a laptop or other electronic devices to access electronic (not online) copies of references for use during Part C of the examination only.
Once completed, an examination part/question cannot be revisited.	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 an invigilator.	Depending on the examination time, candidates may be directed to the post-examination waiting area or quarantine room where they will be supervised by an invigilator.

Additional information

Candidates will be provided with further information in their candidate timetable letter, including any additional instructions and FAQ's.

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* and the above format of oral examinations (practice).

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 completing an internship must have completed 75% of their approved supervised practice hours by the first scheduled day of the oral examination (practice) period.
 - Pharmacists completing the recency of practice requirements set by the Board must have completed 75% of the 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 for 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 may bring into the examination room any reference material (electronic or hard copy) of their choice, which may be referred to when directed by an examiner. However, no extra examination time will be awarded to candidates for this purpose. References may contain personal annotations or marks. Electronic reference devices must be set to English language prior to commencement of the examination otherwise they may not be used during the examination. The Board will not provide references for the candidate's use. Candidates will be permitted to have pen and paper to make notes during the examination which the candidate will be requested to destroy in view of the examiners at the end of the examination. Examiners will not use these notes in their assessment of the candidate. Electronic devices cannot be used by candidates for the purpose of note taking.
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6. Candidates are prohibited from communicating externally which includes the use of electronic devices during the whole of the examination (including any pre- and post-examination or virtual waiting areas). Any electronic device used for the open book section (Part C) such as laptop computers or tablets must not use any online references. Examiners and examination staff shall have the right to 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) must not be used to do so. Any form of recording is strictly prohibited.

The following devices are prohibited from use during the examination: smartphones, MP3 players, other "smart" accessories such as watches, glasses, or other wearable technology. Candidates must ensure that references used for the open book section (Part 4) of the examination do not rely on internet connectivity.
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7. Candidates must abide by any quarantine times that may be in place and can only leave the examination or any pre-examination and post-examination waiting areas when approved to do so by examination officers or examiners.
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8. After the conclusion of the examination, any communication regarding examinations must be sent to pharmacyoralexam@ahpra.gov.au. Candidates must not communicate with examiners or members of the Board or the Board's committees concerning the examination.
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9. Failure to comply with any rule or instruction by an examiner or supervisor will be regarded as a breach of discipline and may lead to exclusion from the examination and the candidate deemed to be not yet competent.
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10. All results will be notified to candidates via email. Results will not be given via the telephone.
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11. Eligible candidates who are unable to attend the exam due to exceptional circumstances beyond their control can apply for special arrangements in accordance with the procedures outlined.
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