

# A busy final year — why preregistration trainees deserve an extra Hobnob

By Christopher Chapman, a fifth-year pharmacy undergraduate at the University of Bradford

Since the beginning of February, preregistration trainees all over Britain have begun the long run-up to their Royal Pharmaceutical Society registration examinations with job applications and dreaded appraisals. But what does all of this entail?

One comment that I often hear from registered pharmacists, usually over Hobnobs and Digestives in the tearoom, is how they never had to sit an examination. Usually it is said with a warm-hearted, commiserative tone, and I always smile back personably and wonder if they really know just how much more a preregistration trainee has to do now. Having finished my sandwich placements and returned to the University at Bradford for my final burst of academia, it is easy for me to recount the exact nature of the task I am up against.

Before I can even consider preparing for the examination, or my final semester of dissertation work and modules, there is the constant, threatening weight of job applications resting upon my shoulders.

In one aspect I feel slightly more confident, having finished my sandwich placement, but I know that other preregistration trainees, still working in both community and hospital, have this consideration as well. What job should I take? What hours do I want to work? Do I want community or hospital, or some exotic discipline that avoids that juicy dilemma altogether? If I choose hospital, do I go for a clinical diploma or a residency, or both? If I choose community, do I go independent or for one of the major employers?

They are questions without set answers, dependent more on personal choice than a set pattern, but a major worry for us all. Hospitals have already begun to interview, some have even selected their next employees, while community pharmacies have also begun to screen potential candidates. Now is the time that we all make the biggest choices in our lives: the choices that determine our future careers.

If that were not enough to raise concern (and believe me when I say it is), there are also the side considerations to think about.

The new fitness-to-practise requirements may not be fully defined as yet, but rumours and mumblings of having to register with a primary care trust three months before starting

work tremble up the spines of many preregistration trainees. It feels as though we are tying ourselves to a location, even before we have fully decided where to go.

Of course, there is little point pondering the future and the route I should take when I have yet to qualify. Before we can even reach the examination, preregistration trainees have to pass the 70 or so competencies set out by the Society. Not only do we need to show our ability to handle pharmacy issues (which is hard, especially since in practice it is difficult to gather evidence of, say, checking prescriptions), but also there are the management concerns, the

evidence required in communication and conflict resolution, and the dreaded audit requirement.

There is also the need to search for other qualifications; all preregistration trainees must be qualified first-aiders, for example. It is easy to lose your breath in a panic attack as you look at your dauntingly empty evidence portfolio and wonder where the evidence is all going to emerge.

Far and away, however, the examination is the main bead of sweat that trickles down the neck of the future pharmacist. Granted, there is a plethora of other concerns, but deep down I think most people concentrate on the final push between student and professional. Why? Because you are on your own; there are no tutor words to back you and support you, no stalling as you search for the answer, and no helpful guides only a telephone call away. Pharmacy is an overwhelming subject, constantly moving and changing, and preregistration trainees can feel as though they know nothing at times.

The actual requirements are straightforward. We have to sit two papers; one is open-book, where we are allowed to use the British National Formula, the Drug Tariff and the Medicines, Ethics and Practice guide to help us; the other is a closed book paper with no reference sources available. In addition

to this we also have a calculations paper to complete during the open book examination, which comprises 20 multiple-choice questions. The pass mark for these examinations is 70 per cent overall (although you must get 70 per cent in the calculation section), which is the equivalent of a first class honours degree in a university examination.

It may sound simple, indeed 70 per cent may sound rather generous, but everyone in the profession knows how it feels to sit an examination. Your mind goes blank, your palms turn to pads of sweaty cold, and you constantly wonder if you have misread the question; it is far from easy. The questions may all be multiple choice but, if anything, that makes it harder.

What was once a simple matter of knowing something (or not) is now a game of guess and second guess, where two answers seem just as appealing. All students are ready for it, although come June I doubt anyone will feel that way.

Preregistration trainees and sandwich course final-year students do not have it easy. We are not only learning and adapting to practice, undergoing a process of continuing professional development in excess of statutory requirements (the average preregistration trainee needs to produce two pieces of evidence a week to make sure all performance standards are met), but we are also wondering about our future.

Depending on the course, we are either currently learning about the realities of practice and the drugs that the courses have not had time to teach us, or studying subjects in depth while juggling the demands of a dissertation. We are making the first key choices in our tentative steps to join the profession. We are worrying about examinations and finances, interviews and careers, and, of course, that constant nagging question: what if it all goes wrong?

So, next time you are appreciative of not having to sit the examination, remember the other issues that run through a preregistration trainee's head, and maybe give them an extra Hobnob when you are in the tea room. They will be grateful, I promise.

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The Broad spectrum feature is open to any writer. Contributions of 1,100 to 1,200 words, commenting on topical issues, should be sent to managing editor Graeme Smith for consideration (e-mail [graeme.smith@pharmj.org.uk](mailto:graeme.smith@pharmj.org.uk))