

Foundation Year Pharmacy - Clinical Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	9
Explanations	11
Next Steps	17

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. You have been asked to conduct an audit about the prescribing and administration of antibiotics on the hospital ward so that you can identify areas for improvement. You have set yourself an aim of identifying whether local prescribing protocols are being met. Which of the following processes is most appropriate to complete as part of an audit cycle?**
 - A. Collecting data on the prescribing of antibiotics**
 - B. Writing new guidelines for antibiotic use**
 - C. Conducting patient interviews about antibiotic use**
 - D. Implementing rapid antimicrobial resistance testing**

- 2. Duloxetine is licensed for which of the following conditions?**
 - A. Diabetic peripheral neuropathy pain**
 - B. Fibromyalgia**
 - C. Migraine prophylaxis**
 - D. Osteoarthritis**

- 3. Which action is appropriate when presented with a Spanish language prescription for a benzodiazepine for status epilepticus?**
 - A. Supply the medication and counsel**
 - B. Refuse to dispense**
 - C. Advise cannot legally dispense this item and refer to a UK prescriber**
 - D. Ask for UK prescriber approval first**

- 4. A pregnant lady with allergic rhinitis, worse in the morning, with red itchy eyes and nasal congestion. Which would be the most appropriate treatment?**
 - A. Loratadine**
 - B. Pseudoephedrine**
 - C. Intranasal corticosteroids**
 - D. Sodium cromoglicate**

5. A 52-year-old man presents with a new, severe, constant headache located at the back of the head with slight vision changes; paracetamol has not helped. What is the most appropriate action?
- A. Take paracetamol again
 - B. Eye strain
 - C. Return to bed
 - D. Refer him immediately to his GP for further investigation
6. A patient taking ibandronic acid should be told to remain upright for how long after taking?
- A. Lie down immediately
 - B. Remain upright for at least 1 hour
 - C. Take with fruit juice
 - D. Take at bedtime
7. What is the primary aim of a root cause analysis following a safety incident in a healthcare setting?
- A. Identify contributing factors and prevent recurrence
 - B. Assign blame to individuals
 - C. Pursue punitive action
 - D. Ignore minor contributing factors
8. A 46-year-old male with a duodenal ulcer and *H. pylori* infection has a penicillin allergy. Which regimen would be most suitable as first-line treatment?
- A. Lansoprazole 30 mg twice daily, clarithromycin 500 mg twice daily, and metronidazole 400 mg twice daily.
 - B. Omeprazole 20 mg bid, amoxicillin 1 g bid, and metronidazole 400 mg bid.
 - C. Lansoprazole 30 mg once daily, clarithromycin 500 mg twice daily, and metronidazole 400 mg twice daily.
 - D. Pantoprazole 40 mg once daily, metronidazole 200 mg bid.

- 9. A patient aged 66 who is eligible for the herpes zoster vaccine would be considered within the NHS routine vaccination scheme. Is this statement true or false?**
- A. Yes**
 - B. No**
 - C. Only if immunocompromised**
 - D. Only if they have a history of shingles**
- 10. Following surgery, a patient on maximum analgesia continues to have pain. Which action would be most suitable to manage her pain?**
- A. Prescribe a regular sustained release preparation of morphine**
 - B. Discontinue morphine altogether**
 - C. Increase ibuprofen dose beyond maximum**
 - D. Offer non-pharmacological therapy only**

Answers

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1. A
2. A
3. C
4. D
5. D
6. B
7. A
8. A
9. A
10. A

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Explanations

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1. You have been asked to conduct an audit about the prescribing and administration of antibiotics on the hospital ward so that you can identify areas for improvement. You have set yourself an aim of identifying whether local prescribing protocols are being met. Which of the following processes is most appropriate to complete as part of an audit cycle?

- A. Collecting data on the prescribing of antibiotics**
- B. Writing new guidelines for antibiotic use**
- C. Conducting patient interviews about antibiotic use**
- D. Implementing rapid antimicrobial resistance testing**

In an audit cycle, you first need a concrete measure of current practice so you can see how it stacks up against the established standard. Collecting data on antibiotic prescribing gives objective, actionable information about what is actually happening on the ward—the indications, drugs, doses, duration, and whether they align with local protocols. This baseline enables you to quantify compliance, identify where gaps exist, and target improvements, which is the whole point of an audit. Writing new guidelines would come after you've identified gaps and need to implement changes. Conducting patient interviews can add context, but it doesn't reliably quantify whether prescribing practices meet protocols across the ward. Implementing rapid antimicrobial resistance testing is a diagnostic intervention, not a method for auditing prescribing adherence.

2. Duloxetine is licensed for which of the following conditions?

- A. Diabetic peripheral neuropathy pain**
- B. Fibromyalgia**
- C. Migraine prophylaxis**
- D. Osteoarthritis**

Duloxetine's licensed use reflects its approved role as a serotonin-norepinephrine reuptake inhibitor that helps modulate pain signaling, particularly in chronic neuropathic and musculoskeletal pain. For diabetic peripheral neuropathy pain, robust trial evidence led regulators to approve this indication, so it is the recognized licensed use in this context. Although duloxetine can be effective for other conditions such as fibromyalgia, migraine prophylaxis, and osteoarthritis in some regions or guidelines, the licensing status varies by regulatory authority. In this scenario, the condition for which duloxetine is officially licensed is diabetic peripheral neuropathy pain, making it the correct choice.

3. Which action is appropriate when presented with a Spanish language prescription for a benzodiazepine for status epilepticus?

A. Supply the medication and counsel

B. Refuse to dispense

C. Advise cannot legally dispense this item and refer to a UK prescriber

D. Ask for UK prescriber approval first

The action hinges on regulatory validity of prescriptions for controlled drugs. In the UK, dispensing a benzodiazepine on a prescription requires that the prescription be issued by a prescriber who is legally authorized to prescribe in the UK (or under tightly defined reciprocal arrangements). A Spanish-language prescription isn't automatically valid for dispensing in the UK, especially for a controlled drug like a benzodiazepine. So the correct approach is to tell the patient that you cannot legally dispense this item from a foreign-language prescription and to refer them to a UK prescriber who can issue a valid UK prescription. If the patient is in immediate danger or the situation is life-threatening, seek urgent medical help.

4. A pregnant lady with allergic rhinitis, worse in the morning, with red itchy eyes and nasal congestion. Which would be the most appropriate treatment?

A. Loratadine

B. Pseudoephedrine

C. Intranasal corticosteroids

D. Sodium cromoglicate

Focus on safety in pregnancy while still aiming to control allergic rhinitis. The safest options are those with minimal systemic absorption and well-established safety data for use during pregnancy. Sodium cromoglicate is a mast cell stabilizer that works locally in the nasal mucosa, preventing mast cells from releasing histamine and other mediators that drive nasal symptoms. Because it is largely non-systemic, it has a very favorable safety profile in pregnancy compared with agents that have systemic absorption. This makes it a sensible first-line choice when relief is needed with the least fetal risk. It can be used regularly to prevent symptoms, which is helpful for morning symptoms. While it may be less immediately potent than intranasal corticosteroids for some patients, its safety advantage in pregnancy can make it the most appropriate option in a situation where safety is a primary concern. Pseudoephedrine is a decongestant and is typically avoided or used with caution in pregnancy due to potential fetal effects. A modern intranasal corticosteroid is effective and widely used in pregnancy, but it has some systemic absorption and, although generally considered safe, does not carry the same absolute local-safety advantage as cromoglicate. Loratadine is an option and is generally considered safe in pregnancy as well, but when prioritizing the safest option with minimal systemic exposure, sodium cromoglicate stands out.

5. A 52-year-old man presents with a new, severe, constant headache located at the back of the head with slight vision changes; paracetamol has not helped. What is the most appropriate action?
- A. Take paracetamol again
 - B. Eye strain
 - C. Return to bed
 - D. Refer him immediately to his GP for further investigation**

A new, severe, persistent headache with vision changes is a red-flag presentation that suggests something serious could be happening in the brain. In this scenario, urgent medical evaluation is needed to rule out dangerous conditions such as intracranial bleeding, a mass, meningitis, or other acute processes. Paracetamol alone isn't enough when red flags are present, and delaying assessment can miss a treatable cause. Refer him immediately to his GP for further investigation so they can perform a focused history and examination, and arrange appropriate tests (often urgent imaging or specialist referral) as indicated. The other options don't address the potential seriousness of the symptoms: taking more paracetamol delays diagnosis, eye strain doesn't explain a new, severe headache with vision changes, and returning to bed postpones important evaluation.

6. A patient taking ibandronic acid should be told to remain upright for how long after taking?
- A. Lie down immediately
 - B. Remain upright for at least 1 hour**
 - C. Take with fruit juice
 - D. Take at bedtime

This question tests how to minimize esophageal irritation when taking an oral bisphosphonate. Ibandronic acid can irritate the lining of the esophagus, so the tablet should be taken with a full glass of plain water and the person should remain upright for a period afterward to prevent reflux and help the tablet reach the stomach. Remaining upright for at least 60 minutes after taking the tablet is the best practice because gravity helps prevent the tablet from lingering in the esophagus, reducing the risk of esophagitis or ulcers. Lying down immediately increases contact time with the esophagus, elevating irritation risk. Taking the medication with fruit juice is not advised since beverages other than water can affect absorption and may irritate the esophagus. Taking it at bedtime would also raise the chance of nighttime reflux, again increasing esophageal exposure. After the 60-minute window, normal activities, meals, and other medications can be resumed.

7. What is the primary aim of a root cause analysis following a safety incident in a healthcare setting?

- A. Identify contributing factors and prevent recurrence**
- B. Assign blame to individuals**
- C. Pursue punitive action**
- D. Ignore minor contributing factors**

Root cause analysis aims to uncover the underlying factors that contributed to a safety incident and to put changes in place that prevent recurrence. In healthcare, incidents often arise from a combination of system issues—workflow, communication, equipment, policies, environmental factors—rather than a single person’s error. An RCA follows a structured, non-punitive approach to trace how and why the event happened, identify root causes, and design corrective actions that address those systemic weaknesses. The goal is to reduce the chance of similar incidents happening again and to improve patient safety. Punitive actions or ignoring factors don’t drive learning or improvement and can discourage reporting and systemic fixes.

8. A 46-year-old male with a duodenal ulcer and H. pylori infection has a penicillin allergy. Which regimen would be most suitable as first-line treatment?

- A. Lansoprazole 30 mg twice daily, clarithromycin 500 mg twice daily, and metronidazole 400 mg twice daily.**
- B. Omeprazole 20 mg bid, amoxicillin 1 g bid, and metronidazole 400 mg bid.**
- C. Lansoprazole 30 mg once daily, clarithromycin 500 mg twice daily, and metronidazole 400 mg twice daily.**
- D. Pantoprazole 40 mg once daily, metronidazole 200 mg bid.**

The main idea is choosing an H. pylori regimen that works well in someone with a penicillin allergy by avoiding amoxicillin and using a proton pump inhibitor (PPI) with two antibiotics. This combination—two antibiotics with different mechanisms plus a PPI to raise stomach pH—maximizes eradication and antibiotic stability. The specific regimen pairs a PPI taken twice daily (to ensure sustained acid suppression) with clarithromycin and metronidazole, both given twice daily. The doses shown (PPI 30 mg twice daily, clarithromycin 500 mg twice daily, metronidazole 400 mg twice daily) reflect standard first-line triple therapy for penicillin-allergic patients. It’s preferred over regimens that include amoxicillin (not suitable with penicillin allergy), or a single-dose PPI or regimens missing one of the essential antibiotics, because those alternatives are less effective at eradicating H. pylori.

9. A patient aged 66 who is eligible for the herpes zoster vaccine would be considered within the NHS routine vaccination scheme. Is this statement true or false?

A. Yes

B. No

C. Only if immunocompromised

D. Only if they have a history of shingles

The main idea is that herpes zoster vaccination is delivered through the NHS routine vaccination program to adults who meet the age-based eligibility. If a patient is 66 and falls within the age band that the routine program covers, they would receive the vaccine as part of routine care, not a separate or ad hoc campaign. Having had shingles in the past does not exclude routine vaccination, and immunocompromised status can affect which vaccine is used, but it does not change the fact that age-eligible individuals are managed through the routine schedule. So, the statement is true.

10. Following surgery, a patient on maximum analgesia continues to have pain. Which action would be most suitable to manage her pain?

A. Prescribe a regular sustained release preparation of morphine

B. Discontinue morphine altogether

C. Increase ibuprofen dose beyond maximum

D. Offer non-pharmacological therapy only

When postoperative pain remains despite high-dose analgesia, the goal is to provide steady, baseline pain control rather than rely solely on intermittent doses. A sustained-release morphine given on a regular schedule maintains consistent opioid levels in the body, reducing pain fluctuations and preventing breakthrough pain. This approach addresses the ongoing pain more effectively than PRN dosing, by ensuring a constant analgesic effect that supports healing and comfort. Discontinuing morphine would leave the patient in pain. Increasing the NSAID dose beyond safe limits risks serious side effects and may still be inadequate for severe postoperative pain. Relying on non-pharmacological therapies alone won't provide the necessary analgesia in the immediate postoperative period.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://foundationyrpharmclin.examzify.com>

We wish you the very best on your exam journey. You've got this!

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