Pharmacist interview questions

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What to expect

Pharmacist interviews mix clinical judgement with everyday operational reality: how you handle a tricky script, how you talk to a worried patient, and how you keep a busy dispensary compliant. Expect a panel that includes a pharmacist manager or owner, sometimes alongside a pharmacy technician lead.

- **Clinical scenario:** Hypothetical prescriptions or interactions where they want to hear your decision-making process and when you'd escalate.
- **Behavioural:** Past examples of catching errors, handling conflict or managing pressure, usually asked in STAR-friendly form.
- **Process/walkthrough:** Step-by-step questions about how you check and dispense a script, testing whether your routine actually catches problems.
- **Client-facing/communication:** How you'd explain a medication or side effect to a patient who's anxious, confused or non-English-speaking.
- **Safety and compliance:** Questions on S8 storage, recording and Poisons Standard obligations, since these carry legal weight.

Interviews typically open with background and registration status, move into a walkthrough of your usual dispensing process, then shift into two or three scenario or behavioural questions, and close with compliance questions and your own questions about rostering, software and support staff.

1. You notice a prescription for two medications with a known moderate interaction. What do you do?

Why they ask

Tests clinical judgement, prioritisation and willingness to intervene rather than dispense and hope.

How to structure your answer

Judgement-under-pressure: state the immediate risk assessment, the action taken (check interaction checker, contact prescriber if needed), and how you'd document and communicate the outcome to the patient.

Example answer

“I'd first check the interaction using Micromedex to confirm severity and clinical significance, since not every flagged interaction needs the same response. If it's moderate but manageable with monitoring, I'd counsel the patient on what to watch for. If it's higher risk, I'd hold the dispensing and call the prescriber to discuss an alternative or added monitoring, then document the conversation and outcome in the dispensing record before releasing the medication.”

2. Tell me about a time you caught a dispensing or prescribing error before it reached the patient.

Why they ask

Behavioural question checking real-world attention to detail and honesty about near misses.

How to structure your answer

STAR: situation, task, action taken to catch and correct the error, result including any process change that followed.

Example answer

“A script came through for a paediatric patient with a dose calculated on adult weight rather than the child's actual weight. I flagged the discrepancy, recalculated based on the child's weight from our

records, and called the prescriber to confirm before dispensing the corrected dose. The prescriber updated their notes, and I mentioned it at our next team huddle so others were aware of the weight-entry issue in that clinic's referral letters."

3. Walk me through how you check a new prescription before it's dispensed.

Why they ask

Process question testing whether your dispensing routine is thorough rather than habitual.

How to structure your answer

Sequential walkthrough: what you check first, second and last, and where the checks differ for repeat versus new scripts.

Example answer

"I start by confirming the prescription is legally valid, then check the patient's dispensing history for duplicate therapy or recent changes. I run the medication through our interaction checker against their current list, verify the dose against their age, weight and renal function where relevant, and check for any allergy flags in the EHR. Once I'm satisfied, I dispense, label clearly and prepare counselling points before calling the patient to the counter."

4. How would you counsel a patient who's anxious about starting a new medication with a long list of possible side effects?

Why they ask

Client-facing question testing communication skill and ability to reassure without minimising real risks.

How to structure your answer

Communication approach: how you open the conversation, what you prioritise explaining, and how you check understanding before they leave.

Example answer

"I'd start by asking what specifically worries them rather than reciting the full side effect list, since that often overwhelms people unnecessarily. I'd explain the two or three side effects most likely to occur and what to do if they happen, then confirm they know how and when to take the medication. Before they leave, I'd ask them to repeat back the key points in their own words to make sure the message landed."

5. How do you make sure your dispensary stays compliant with S8 storage and recording requirements?

Why they ask

Safety and compliance question, since S8 errors carry legal and disciplinary consequences.

How to structure your answer

Compliance-focused answer: the specific controls you maintain, how often you check them, and what you do if a discrepancy shows up.

Example answer

"I keep S8 stock in the locked safe with restricted key access, and I reconcile the running balance against the register at the end of each shift rather than waiting for a scheduled audit. If a count doesn't match, I recheck the day's dispensing records and any returns immediately rather than adjusting the figure, and I escalate to the pharmacist in charge if I can't account for the discrepancy straight away."

6. Describe a time you disagreed with a doctor's prescribing decision. How did you handle it?

Why they ask

Behavioural question probing professional confidence and collaboration skills under potential friction.

How to structure your answer

STAR: situation, the specific clinical concern, how you raised it with the prescriber, and the outcome for the patient.

Example answer

“A GP had prescribed a standard antibiotic dose for a patient with significantly reduced kidney function noted in their file. I called the practice, explained the renal function result and the dosing guideline for that context, and suggested an adjusted dose. The GP hadn't seen the recent pathology result and updated the prescription. The patient avoided a dose that could have worsened their kidney function, and it reinforced for me that raising a concern directly, with the clinical reasoning ready, gets a better response than hesitating.”