# Clinical Pharmacologist interview questions

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## What to expect

Interviews for clinical pharmacologist roles in Australia are usually panel based and combine clinical reasoning, research governance and communication. The panel wants to see that you can make safe prescribing decisions under pressure, explain your reasoning to non-specialists, and work within TGA and HREC frameworks. This role sits between frontline medicine and research, so expect questions that test both.

- **Clinical reasoning and medication management:** Questions about assessing drug effects, dose adjustment, interactions and adverse reactions in complex patients.
- **Research and trial design:** Questions on designing, running and reporting clinical trials, including protocol development, data management and statistical analysis.
- **Regulatory and ethics:** Questions on TGA requirements, HREC submissions, ICH-GCP, privacy and research governance.
- **Safety and adverse events:** Questions about identifying, reporting and learning from adverse drug reactions and medication errors.
- **Communication and teamwork:** Questions about advising hospital teams, teaching junior staff and handling disagreement about prescribing.

A typical interview runs for around an hour with a panel that often includes a clinical pharmacologist, a medical administrator and a research or pharmacy representative. It usually opens with introductions and a check of your AHPRA registration and RACP training status. The panel then moves through clinical scenarios, a trial or data question, an ethics or regulatory discussion, and behavioural questions about working in multidisciplinary teams. Some employers ask for a short presentation on a medication safety topic or a review of a de-identified case. You will usually have time for your own questions at the end.

## 1. Walk us through how you assess a patient who is not responding to standard therapy and you suspect a drug interaction or altered pharmacokinetics.

**Why they ask**

This tests your clinical reasoning and your ability to structure an assessment from history through to a safe plan.

**How to structure your answer**

A walk-through structure: start with the presenting problem, then history and medication reconciliation, consider pharmacokinetic and pharmacodynamic factors, describe investigations, and finish with the management plan and follow-up.

**Example answer**

*“I would start by confirming the patient's current presentation and the expected response to therapy. I would take a full medication history, including over-the-counter products, complementary medicines and recent changes, and check adherence. I would review the patient's renal and hepatic function, fluid status, age and weight, because these affect absorption, distribution, metabolism and excretion. I would use MIMS Online and the Australian Medicines Handbook to check for interactions, and I would consider therapeutic drug monitoring if a level is available. If I suspected a pharmacokinetic interaction, I would look at whether the interacting drug induces or inhibits metabolism, and whether a dose adjustment or alternative agent is needed. I would discuss the plan with the treating team, document the rationale, and arrange follow-up levels or clinical review to confirm the change is working.”*

## 2. Tell me about a time you identified a serious adverse drug reaction and had to escalate it.

**Why they ask**

This probes your safety judgement, your knowledge of reporting systems and how you work with a team when a patient is deteriorating.

**How to structure your answer**

Use STAR: situation, task, action, result. Keep the clinical detail tight and finish with what changed for the patient or the service.

**Example answer**

*“On a general medicine ward, a patient started on a new antibiotic developed a fever and a widespread rash within two days. I was asked to review the medication chart because the team was considering whether to continue the drug. I took a focused history and confirmed the timing matched the new agent. I stopped the antibiotic, documented the suspected adverse drug reaction, and submitted a report through the hospital's ADR reporting system. I discussed alternative antibiotics with the infectious diseases registrar and the treating team, and we switched to a different class. The patient's symptoms settled over the next day. The case was reviewed at the medication safety committee, and the committee updated the local prescribing guideline to include a stronger warning about that reaction.”*

## 3. A consultant asks you to approve a dose of a drug that is outside the product information for a patient with obesity. How do you approach that?

**Why they ask**

This tests judgement under pressure, evidence appraisal and your willingness to work within governance rather than simply agreeing.

**How to structure your answer**

A judgement-under-pressure structure: clarify the request, assess the evidence and risk, consider monitoring and consent, decide, document, and escalate if needed.

**Example answer**

*“I would first clarify the indication, the requested dose and why the standard dose is not suitable. I would review the available pharmacokinetic data in obesity, check whether there is guidance from a recognised body, and consider whether therapeutic drug monitoring is available. I would discuss the risks and benefits with the treating consultant and the patient, and I would make sure the patient understood that the use was outside the product information. If I believed the dose was supported by evidence and the patient agreed, I would document the rationale and arrange close monitoring. If the evidence were weak or the risk too high, I would recommend an alternative or seek a second opinion from a colleague. I would not approve it just because a senior colleague asked.”*

## 4. How do you design and supervise a Phase I clinical trial of a new medicine?

**Why they ask**

This checks your understanding of early-phase trial methods, safety oversight and Australian regulatory pathways.

**How to structure your answer**

A step-by-step structure: protocol and objectives, ethics and regulatory approvals, participant safety, data collection, analysis and reporting.

**Example answer**

*“I would start with a clear protocol that states the objectives, the dose escalation plan, the inclusion and exclusion criteria, and the stopping rules. I would work with the sponsor and the research team to*

*prepare the HREC submission and the TGA clinical trial notification. I would make sure the site has the facilities and staff to monitor participants safely, including resuscitation equipment and a defined observation period. I would use REDCap or a similar system for data capture, with source documentation and an audit trail. During the trial, I would review safety data at each dose level before escalation, and I would report serious adverse events within the required timeframes. At the end, I would contribute to the statistical analysis plan and the final report, and make sure the results were published or shared with regulators as required."*

## 5. How do you ensure compliance with ICH-GCP and Australian regulatory requirements when preparing a report for the TGA and a human research ethics committee?

**Why they ask**

This role carries responsibility for research governance, so the panel wants to see that you know the local frameworks and can apply them in practice.

**How to structure your answer**

A compliance checklist structure: identify the applicable frameworks, map the evidence, check consent and privacy, verify data integrity, and confirm reporting deadlines.

**Example answer**

*"I would begin by confirming which frameworks apply, including ICH-GCP, the National Statement on Ethical Conduct in Human Research, and the TGA's clinical trial notification scheme. I would check that the protocol, participant information and consent forms, and any amendments have current HREC approval. I would review the data trail in REDCap or the source records to make sure the reported information is accurate and complete. I would confirm that privacy and confidentiality requirements have been met, and that adverse events have been reported within the required timeframes. I would then prepare the report against the TGA and HREC templates, keeping a clear record of version control and correspondence. If anything were missing, I would resolve it before submission rather than send an incomplete report."*

## 6. How would you explain a complex drug interaction to a junior doctor who disagrees with your advice?

**Why they ask**

This tests your ability to influence safely without pulling rank, which is central to clinical pharmacology consultation.

**How to structure your answer**

A communication and conflict-resolution structure: listen, explain the mechanism and evidence, agree on a plan, document, and escalate if patient safety is at risk.

**Example answer**

*"I would start by asking the junior doctor to explain their reasoning, because they may have information I do not have. I would then explain the mechanism of the interaction in plain language, using the relevant pharmacokinetic or pharmacodynamic principles, and point to the evidence in MIMS Online or a current guideline. I would suggest a specific alternative or a monitoring plan that addressed their concern. If we still disagreed, I would offer to discuss the case with the treating consultant or a senior colleague, and I would document the advice I had given. If the patient were at immediate risk, I would escalate straight away through the clinical governance line. The aim is a safe decision for the patient, not winning the disagreement."*