Accreditation and Recognition of pharmacy assistant/dispenser and Medicines Counter assistant training programmes

Interim manual, December 2010
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1. Introduction

This manual sets out the procedures by which we, the General Pharmaceutical Council (GPhC), accredit and recognise courses and qualifications.

The accreditation/recognition process will be centred on an accreditation team review of all documentation and supporting evidence provided by the awarding body or training provider. In addition to reviewing a provider’s document we may also require a visit by an accreditation/recognition team.

Where the training provider offers multiple courses meeting the GPhC’s requirements for pharmacy support staff, the GPhC will endeavour to accommodate the accreditation/recognition of all courses in a single accreditation event.

Authority to accredit or recognise programmes will rest with the Registrar and the Council, based on the accreditation/recognition team’s report and recommendations.

Accreditation/Recognition will be granted for a maximum period of three years, but may be subject to a number of conditions and recommendations.

The GPhC’s main approach to accreditation/recognition is to ensure that, in addition to meeting the requirements specified in the learning outcomes (appendix 1), training programmes are appropriately resourced in terms of learning materials, other equipment and staff and either all criteria for accreditation are met or that the overwhelming majority are met with the remainder being actively pursued.

Pharmacy assistant/dispenser training programmes

In accordance with policy established by the RPSGB and adopted by the GPhC, the following programmes are subject to accreditation following the procedures outlined in this document.

Training programmes for pharmacy and dispensing assistants other than the Pharmacy Services Skills S/NVQ (QCF) level 2. All of the units of the S/NVQ framework are optional in as far as their inclusion in an accredited training programme is concerned, but the application for accreditation must specify which units the course is designed to cover and how the course is to be marketed. If individual modules of the training programme are to be marketed separately this must be specified in the application.

Course content must cover the ‘GPhC underpinning knowledge criteria’ based on the specified units of the Pharmacy Services Skills level 2 S/NVQ (QCF) knowledge and underpinning framework (see appendix 1). For each section of the framework, the transfer of the underpinning knowledge into the workplace must be demonstrated through the use of a variety of methods.
Medicines Counter Assistants

Courses must cover the knowledge and understanding associated with units Pharm 05 (Unit 4), Pharm 32 (Unit 15), and Pharm 07 (Unit 5) of the Pharmacy Services Skills S/NVQ (QCF) level 2, entitled Assist in the sale of medicines and products, Assist in the issuing of prescribed items, and Receive prescriptions from individuals.

Criteria for accreditation or recognition

For a training programme to be accredited by the GPhC, the following criteria must be met:

1. The training programme must meet the General Pharmaceutical Council’s requirements to that programme (see above) and must be at the required academic level;
2. Adequate academic and management structures must be in place;
3. Resources to support the delivery of the specified training programmes must be adequate. These include:
   • Financial
   • Human resources
   • Equipment and learning resources
   • Student support
   • Quality assurance procedures

Training providers will be provided will a detailed list of the accreditation criteria prior to the submission.

Contact

If you have any enquiries regarding the recognition of support staff training programmes please contact the Accreditation Department

In writing: Accreditation Department
General Pharmaceutical Council
129 Lambeth Road
London
SE1 7BT

By telephone: 0203 365 3452

By email: accreditation@pharmacyregulation.org
2. Timetable for the Accreditation/Recognition process

The following timetable is an example of a normal timetable for the completion of the accreditation process. Training providers should note this is for guidance only, and timelines may be subject to amendment.

<table>
<thead>
<tr>
<th>Weeks</th>
<th>Activity or occurrence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>Cf. Visit</td>
</tr>
<tr>
<td>0</td>
<td>-14</td>
</tr>
<tr>
<td></td>
<td>Training provider notify the GPhC of intention to apply for accreditation.</td>
</tr>
<tr>
<td>4</td>
<td>-10</td>
</tr>
<tr>
<td></td>
<td>Education and Quality Assurance Department identifies a team leader and, with training provider, agrees date for the accreditation visit.</td>
</tr>
<tr>
<td>6</td>
<td>-8</td>
</tr>
<tr>
<td></td>
<td>Team leader approves composition of visiting team from members of the GPhC’s Accreditation Panel.</td>
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<tr>
<td>7</td>
<td>-7</td>
</tr>
<tr>
<td></td>
<td>Training provider is requested to submit required documentation at least six weeks before accreditation visit and is advised that documentation will be rejected if does not cover the specifications set out.</td>
</tr>
<tr>
<td>8</td>
<td>-6</td>
</tr>
<tr>
<td></td>
<td>Potential issues are identified jointly by team leader and the Accreditation and Recognition Manager. Documentation is forwarded to members of the visiting team with a request for comments.</td>
</tr>
<tr>
<td>10</td>
<td>-5</td>
</tr>
<tr>
<td></td>
<td>Comments of the visiting team sent by e-mail to the Education and Quality Assurance Department. If applicable, training provider is given final opportunity to re-submit documentation if it has been rejected previously.</td>
</tr>
<tr>
<td>11</td>
<td>-4</td>
</tr>
<tr>
<td></td>
<td>Pre-visit discussions are held between team leader, Accreditation and Recognition Manager and training provider. The training provider is advised if there is any need for additional documentation to be provided and of any specific issues that will be addressed during the visit. Individual responsibilities are allocated to team members.</td>
</tr>
<tr>
<td>13</td>
<td>-2</td>
</tr>
<tr>
<td></td>
<td>Feedback on pre-visit discussion is provided to team members.</td>
</tr>
<tr>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Accreditation team visits training provider.</td>
</tr>
<tr>
<td>17</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Draft main and summary reports are prepared and forwarded to team members for comment.</td>
</tr>
<tr>
<td>20</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Draft main and summary reports are forwarded to training provider for notification of errors of fact within 7 days.</td>
</tr>
<tr>
<td>21</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Finalised reports are considered by the Registrar. Main report and letter confirming accreditation (with any conditions and recommendations) is sent to training provider.</td>
</tr>
</tbody>
</table>
3. The Accreditation/Recognition team

Composition

The accreditation team will be drawn from members of the accreditation/recognition panel. A Team Leader will be appointed from the panel for each accreditation/recognition event. The Team Leader will be responsible for determining the optimum size and composition of the accreditation/recognition team for an accreditation/recognition event. As a guide, an accreditation/recognition team might be composed of the following members:

- Team leader
- Support Staff educators and trainer
- Lay person

The team will be accompanied by the Accreditation and Recognition Manager from Education and Quality Assurance department. A rapporteur will accompany each team who will be additional to the accreditation/recognition team.

Recruitment, appointment and performance

Positions are advertised in the pharmacy press and through professional networks. Appointments will normally be made on the basis of written applications using a criterion-based selection process. The composition of the panel will take account of the need for appropriate diversity.

The term of office for members of the accreditation/recognition panel is three years, renewable once. At the time of appointment all panel members are required to make a declaration of relevant interests e.g. training providers for whom they have held an appointment, acted as external verifiers or for which they have or acted as a consultant and will commit to updating this declaration as the need arises.

Panel members are paid an allowance for participation in an accreditation/recognition event, including time spent preparing for the visit. Details of current allowances are available from the General Pharmaceutical Council.

Panel members work within criteria specified by the General Pharmaceutical Council.

Training

All panel members are required to attend a training session organised by the General Pharmaceutical Council before participating in an accreditation/recognition event.

Hospitality of training provider or awarding body

The accreditation/recognition team, either collectively or individually, will not accept payment or gifts from the training provider/awarding bodies. Neither will they accept meals or refreshment constituting entertainment rather than sustenance, or transport except for essential local travel.
4. Documentation

The training provider must submit to the GPhC’s Education and Quality Assurance department five hard copies and a text file in MS Word of the completed template (Appendix 1) supplemented by supporting documentation, where appropriate. The training provider /awarding body will also be expected to provide centre approval documentation where appropriate.

The Education and Quality Assurance department will provide the training provider/awarding body with the Word templates and a copy of the standards used by the accreditation/recognition team. Training providers/awarding body should complete the template with reference to these standards.
5. The Accreditation/Recognition event (if required)

It is anticipated that a visit by the accreditation/recognition panel will not be necessary as the regulator has been working in collaboration with the awarding bodies in developing the award. If the accreditation/recognition team leader decides a meeting is necessary then the accreditation/recognition meeting will involve discussions with selected members of staff involved in delivery of the programme and, for existing courses, a review of the student experience. Where training is delivered by distance learning feedback may be collected via e-mail or telephone interview. The accreditation/recognition team will also examine the course documentation, including examples of teaching materials, and student portfolios. Where the course is delivered by distance learning the accreditation/recognition team will also examine other aspects of the learning environment, for example by telephoning student help lines or accessing web-based resources. The visiting team will normally inform the training provider/awarding body of the outcome of the visit on the day including details of any conditions of accreditation/recognition and recommendations. The decision will be subject to ratification by the Registrar.

6. The Accreditation / Recognition report

A report will be prepared shortly after the accreditation/recognition event. The report will be organised into the following sections:

- Introduction
- Process of review
- General matters
- Meeting the Standards for the initial education and training of pharmacy technicians
- Meeting syllabus and outcomes criteria
- Conclusions and recommendations

First drafts will be sent to the members of the accreditation/recognition team for their suggested corrections or improvements. The leader of the team will decide in consultation with the rapporteur which of these amendments are to be made and precisely how, in terms of wording.

Second drafts will be sent to the training provider/awarding body for their signalling, within seven working days of dispatch from the Education and Quality Assurance department, of errors of fact in the reports. The leader of the team will decide in consultation with the rapporteur amendments to be made and precisely how, in terms of wording, to arrive at the finalised reports of the accreditation/recognition event. The reports will then be considered by the Registrar of the General Pharmaceutical Council.

Once the Registrar has made the decision about accreditation or recognition, this report will be available on the GPhC website.
7. Outcomes of Accreditation / Recognition

Outcome

The usual outcome of an accreditation/recognition event is expected to be the accreditation/recognition for three years subject to specific conditions. Each condition of accreditation/recognition will have a time limit specified (for implementation of change or rectifying of deficiency).

At review of meeting the conditions of accreditation/recognition team will consider and apply one of the four outcomes:
1. Confirm a full period of accreditation/recognition (three years from the original accreditation/recognition visit).
2. Grant a shorter than normal period (less than three years) of accreditation/recognition.
3. Extend the time period(s) allowed for meeting of the condition(s).
4. Impose a requirement for an acceptable action plan subject to additional monitoring and review with probationary accreditation/recognition in the meantime.

Monitoring

The training provider/awarding body must inform the GPhC immediately of any proposed change in:
1. The content, structure or delivery of any accredited/recognised training programme
2. Ownership or management structure of the training provider/awarding body
3. Any existing partnership, licensing or franchise agreement
4. Number of staff associated with the programme.

The training provider/awarding body will provide a report to the GPhC annually, on or shortly after each anniversary of accreditation/recognition containing the following information for each accredited/recognised training programme:

1. For each cohort, statistics on student numbers including:
   • numbers completing successfully, those in progress and those withdrawing from the course
   • student sector of practice, where appropriate
   • ethnicity and disabilities, where collected
2. Any changes in resources, including staff associated with the programme.
3. A summary of any changes made to the award during the year

This data will be kept confidential to the GPhC, however any training provider/awarding body with concerns about the disclosure of potentially commercially sensitive data is requested to discuss these concerns with the GPhC at the earliest opportunity.

As soon as possible after completion the training provider will forward a list of names of those successfully completing the programme to the GPhC. Where students are enrolled on to training programmes/awarding bodies on a rolling cycle training providers/awarding bodies will be required to provide this information according to the following schedule:
   • Level 2 knowledge based qualifications: monthly
Non-compliance

If the GPhC identifies that a training provider/awarding body is not complying with the relevant standard it will make it a “condition of accreditation/recognition” that the training provider/awarding body rectifies the non-compliance within a specified period of time. These conditions may be applied:

- at the point of accrediting/recognising the training programme(s)
- as a consequence of monitoring by the GPhC;
- if changes to the award/programme(s) become necessary in the interests of users.

Non-compliance Probation or withdrawal of accreditation

The GPhC reserves the right to impose probationary or remedial arrangements or withdraw accreditation/recognition if conditions of accreditation/recognition are not met within the specified period or immediately, if a serious deficiency is identified.

The training provider/awarding body will be notified in writing of the this decision of the Council in not less than 1 month of the accreditation/recognition event setting out reasons and the right of appeal to the Appeals Committee.

Certification

Training providers/awarding bodies will be responsible for issuing certificates of completion to all successful students in the GPhC approved format. An example of this is available in appendix X

Recommendations and guidance

From time to time the GPhC may also issue guidance and/or recommendations covering the delivery or any other aspect of accredited/recognised training courses. These may be specific to a particular award/training programme and/or provider or cover more general issues and will be of an advisory rather than compulsory nature.

Complaints

Any complaints arising from the accreditation/recognition process will be referred to the Registrar.
8. **Reaccreditation**

Reaccreditation of a award/training programme previously accredited/recognised by the GPhC may involve either a meeting with awarding body/training provider representatives held at the GPhC or visit to the training provider/awarding body. The team leader appointed to oversee the re-accreditation process will discuss and agree the preferred format of the re-accreditation event with the training provider/awarding body. The re-accreditation process must involve a visit to the training provider/awarding body if substantial changes have been made to a award/training programme since the previous accreditation event.

9. **Appeals against Accreditation /Recognition process and outcomes**

For the avoidance of appeals, shortly after the accreditation/recognition event, the awarding body/training provider can offer to the original team further or clarifying information or evidence (this must be new information or evidence) about important matters at issue.

At the time of relevant consideration by the Council, the awarding body/training provider might again offer further or clarifying information or evidence (this must be new information or evidence) about important matters at issue.

Appeals against decisions to impose probational or remedial measures or refuse or withdraw approval of awards/training programmes must be made to the Appeals Committee.

**Appeals committee**

Where an appealable decision has been taken (impose probational or remedial measures or withdraw or refuse approval) an awarding body/training provider does not take effect-

(a) until the period for bringing an appeal in respect of the decision has expired, but if the period for bringing the appeal has been extended, that extended period is to be treated as a period for bringing an appeal notwithstanding that this may require reversal of the action taken; and

(b) where an appeal is brought within the period for bringing an appeal, until the date on which the appeal is finally disposed of, or is abandoned or fails by reason of its non-prosecution.

Having considered the appeal, the Appeals committee may-


(a) dismiss the appeal;
(b) allow the appeal and quash the decision appealed against;
(c) substitute for the decision appealed against any other decision that the person taking the decision could have taken; or
(d) remit or refer the case to the Registrar for the disposal of the matter in accordance with the Appeals Committee’s directions.

The Appeals Committee must, as soon as reasonably practicable, send to the awarding body/training provider bringing the appeal a statement in writing giving them notice of the committee’s decision and the reasons for it.

The Appeals Committee’s decision is not required to publish its decision and the reasons for it unless the awarding body/training provider making the appeal so requests