Accreditation of Independent Prescribing programmes

2014-2015
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1. Introduction

The General Pharmaceutical Council (GPhC) is the regulator for pharmacists, pharmacy technicians and registered pharmacy premises in England, Scotland and Wales (the countries of Great Britain). In order to practise in Great Britain, pharmacists and pharmacy technicians must be registered with the General Pharmaceutical Council (GPhC) and have satisfied us that they meet our detailed requirements. Pharmacists wishing to practice in the extended role of independent prescriber must hold an annotation to their entry on the GPhC Register. In order to be eligible to apply for annotation as an independent prescriber, a pharmacist must hold a Practice Certificate in Independent Prescribing, following successful completion of a programme of education and training which has been accredited by the GPhC for this purpose.

Background

The first report of The Review of Prescribing Supply and Administration of Medicines (1999) recommended that the authority to prescribe should be extended beyond existing prescribers to other groups of suitably trained and experienced health professionals. Legislation to implement the Review Team’s recommendation was passed through Parliament in the Health and Social Care Act in 2001. The policy framework for supplementary prescribing by pharmacists was completed in April 2003 and the first supplementary prescribing programme was accredited in June 2003. In May 2006 this legislation was superseded by legislation permitting pharmacist independent prescribing.

The first conversion programme to train supplementary prescribers as independent prescribers was accredited in August 2006, followed by accreditation of the first full independent prescribing programmes in February 2007.

A pharmacist independent prescriber may prescribe autonomously for any condition within their clinical competence. This currently excludes three controlled drugs for the treatment of addiction.

Purpose of this manual

This manual sets out the procedures by which we, the General Pharmaceutical Council (GPhC), accredit programmes to train pharmacists as independent prescribers. It is intended as a reference source and guide for those institutions wishing to apply to the GPhC for accreditation, or reaccreditation, of independent prescribing programmes (full and conversion).

The contents relates both to accreditation (application process for initial approval of a programme) and reaccreditation (application process for extension to accreditation period, where accreditation has not lapsed). Specific requirements relating to accreditation or reaccreditation are detailed within this document.
2. The accreditation process

Overview

The accreditation process involves review of the programme provider’s submission documentation by a GPhC accreditation team. The submission documentation consists of application templates completed by the programme provider to describe how the programme has been designed to meet the accreditation criteria and to ensure that pharmacists completing the programme have met all the specified learning outcomes. Providers are expected to supplement their application templates with supporting documentary evidence.

An accreditation event is held following receipt of satisfactory documentation. The event involves meetings with representatives of the programme provider and will culminate in the accreditation team confirming formally the recommendation that they will be making to the Registrar of the GPhC regarding accreditation of the programme. This recommendation may, or may not, be subject to certain conditions.

Where necessary, the accreditation event may involve a visit to the provider’s teaching site so that the accreditation team may view the teaching facilities and learning resources.

The GPhC accredits independent prescribing programmes as well as conversion programmes to train supplementary prescribers as independent prescribers. In the situation where a provider offers both a full, and conversion, programme, the GPhC will endeavour, where possible, to review both programmes in a single event. A separate accreditation decision will be made for each programme.

Where a recommendation for accreditation is made, it will be for a maximum period of three years. Periods of less than three years may be granted in certain circumstances.

Cost of accreditation

The General Pharmaceutical Council does not currently charge providers for the accreditation or reaccreditation of independent prescribing programmes.
3. Accreditation criteria

Accreditation criteria

The GPhC’s accreditation criteria have been designed to ensure that pharmacists undertaking an accredited independent prescribing programme are equipped with the necessary skills and knowledge to meet the learning outcomes and to practice safely and effectively as a prescriber. The criteria also focus on the programme provider’s academic and quality management procedures and the programme resources.

The accreditation criteria are divided into the following sections:

1. The programme provider
2. Pre-requisites for entry
3. The programme
4. Learning in practice
5. Assessment
6. Details of Award

All accreditation criteria must be met for accreditation to be granted.

The full accreditation criteria can be found in Appendix A (full programme), or B (conversion programme).

Learning outcomes

All GPhC accredited independent prescribing courses need to ensure that following qualification pharmacist independent prescribers are be able to:

1. Understand the responsibility that the role of independent prescriber entails, be aware of their own limitations and work within the limits of their professional competence – knowing when and how to refer / consult / seek guidance from another member of the health care team. *

2. Develop an effective relationship and communication with patients, carers, other prescribers and members of the health care team.

3. Describe the pathophysiology of the condition being treated and recognise the signs and symptoms of illness, take an accurate history and carry out a relevant clinical assessment where necessary. *

4. Use common diagnostic aids e.g. stethoscope, sphygmomanometer *

5. Able to use diagnostic aids relevant to the condition(s) for which the pharmacist intends to prescribe, including monitoring response to therapy. *
6. Apply clinical assessment skills to:*
   - inform a working diagnosis
   - formulate a treatment plan for the prescribing of one or more medicines, if appropriate
   - carry out a checking process to ensure patient safety.
   - monitor response to therapy,
   - review the working differential diagnosis and modify treatment or refer
   - consult/seek guidance as appropriate

7. Demonstrate a shared approach to decision making by assessing patients’ needs for medicines, taking account of their wishes and values and those of their carers when making prescribing decisions.

8. Identify and assess sources of information, advice and decision support and demonstrate how they will use them in patient care taking into account evidence based practice and national/local guidelines where they exist.

9. Recognise, evaluate and respond to influences on prescribing practice at individual, local and national levels.


11. Work within a prescribing partnership.

12. Maintain accurate, effective and timely records and ensure that other prescribers and health care staff are appropriately informed.

13. Demonstrate an understanding of the public health issues related to medicines use.

14. Demonstrate an understanding of the legal, ethical and professional framework for accountability and responsibility in relation to prescribing. *

15. Work within clinical governance frameworks that include audit of prescribing practice and personal development.

16. Participate regularly in CPD and maintain a record of their CPD activity.

* Additional learning outcome to be met by supplementary prescribers undertaking a conversion programme.
Indicative content

It is expected that education providers will use the indicative content to develop a detailed programme of study which will enable pharmacists to meet the learning outcomes.

Consultation, decision-making, assessment and review

- Autonomous working and decision making within professional competence.
- Understanding own limitations
- Accurate assessment, history taking, and effective communication and consultation with patients and their parents/carers
- Patient compliance and shared decision making
- Building and maintaining an effective relationship with patients, parents and carers taking into account their values and beliefs
- Effective communication and team working with other prescribers and members of the health care team
- A knowledge of the range of models of consultation and appropriate selection for the patient
- Formulating a working diagnosis
- Development of a treatment plan or clinical management plan, including lifestyle and public health advice
- Confirmation of diagnosis/differential diagnosis – further examination, investigation, referral for diagnosis
- Principles and methods of patient monitoring
- Chemical and biochemical methods for monitoring the treatment of the condition(s) for which the pharmacist intends to prescribe on qualification and responses to results.
- Clinical examination skills relevant to the condition(s) for which the pharmacist intends to prescribe.*
- Recognition and responding to common signs and symptoms that are indicative of clinical problems. Use of common diagnostic aids for assessment of the patient’s general health status; e.g. stethoscope, sphygmomanometer, tendon hammer, examination of the cranial nerves.
- Assessing responses to treatment against the objectives of the treatment plan/clinical management plan
- Working knowledge of any monitoring equipment used within the context of the treatment/clinical management plan
- Identifying and reporting adverse drug reactions
- Management options including non-drug treatment and referral

Influences on and psychology of prescribing

- Patient demand versus patient need including partnership in medicine taking, awareness of cultural and ethnic needs.
- External influences, at individual, local and national levels.
- Awareness of own personal attitude and its influence on prescribing practice.

Prescribing in a team context

- The role and functions of other team members
- Communicating prescribing decisions to other members of the team.
• The responsibility of a supplementary prescriber in developing and delivering a clinical management plan.
• The professional relationship between pharmacist prescribers and those responsible for dispensing.
• Interface between medical and non-medical prescribers and the management of potential conflict.
• Documentation, and the purpose of records.
• Structure, content and interpretation of health care records/clinical notes including electronic health records.
• The framework for prescribing budgets and cost effective prescribing.

Applied therapeutics
• Pharmacodynamics and pharmacokinetics.
• Changes in physiology and drug response, for example the elderly, young, pregnant or breast feeding women and ethnicity.
• Adverse drug reactions and interactions, to include common causes of drug-related morbidity.
• Pathophysiology of defined condition(s) for which the pharmacist intends to prescribe.
• Selection and optimisation of a drug regimen for the patient’s condition.
• Natural history and progression of condition(s) for which the pharmacist intends to prescribe.
• Impact of co-morbidities on prescribing and patient management.

Evidence-based practice and clinical governance
• Local and professional clinical governance policies and procedures.
• Development and maintenance of professional knowledge and competence in relation to the condition(s) for which the pharmacist intends to prescribe.
• The rationale for national and local guidelines, protocols, policies, decision support systems and formularies – understanding the implications of adherence to and deviation from such guidance.
• Prescribing in the context of the local health economy.
• Principles of evidence-based practice and critical appraisal skills.
• Reflective practice and continuing professional development, support networks, role of self, other prescribers and organisation.
• Auditing, monitoring and evaluating prescribing practice.
• Risk assessment and risk management.
• Audit and systems monitoring.
• Analysis, reporting and learning from adverse events and near misses.

Legal, policy, professional and ethical aspects
• Policy context for prescribing.
• Professional competence, autonomy and accountability of independent and supplementary prescribing practice.
• GPhC’s Standards of Conduct, Ethics and Performance.
• Legal frameworks for prescribing, supply and administration of medicines e.g. patient group directions, supply in hospitals.
● Medicines regulatory framework including Marketing Authorisation, the use of medicines outside their product licence.
● The law applied to the prescribing, dispensing and administration of controlled drugs and appropriate counselling of patients
● Compliance with guidance arising from the Shipman enquiry
● Ethical considerations of the supply and administration of medicines
● Application of the law in practice, professional judgment, liability and indemnity
● Accountability and responsibility to the employer or commissioning organisation, awareness of local complaints procedures
● Consent
● Prescription pad administration, procedures when pads are lost or stolen
● Writing prescriptions
● Record keeping, documentation and professional responsibility
● Confidentiality, Caldicott and Data Protection, Freedom of Information
● Suspicion, awareness and reporting of fraud or criminal behaviour, knowledge of reporting and ‘whistle blowing’ procedures

Prescribing in the public health context
● Patient access to health care and medicines
● Duty to patients and society
● Use of medicines in populations and in the context of health priorities
● Public health policies, for example the use of antibiotics, antivirals and vaccines
● Inappropriate use of medicines including misuse, under and over-use
● Inappropriate prescribing, over and under-prescribing

* should form the basis of a conversion programme to train supplementary prescribers as independent prescribers.

For information

In 2012 the National Prescribing Centre Published a Single Framework for all prescribers. This framework consolidates the existing profession specific prescribing frameworks and updates the competencies in order to provide a single common framework that is relevant to doctors, dentists and non-medical prescribers.

The framework can be used to help pharmacists prepare to prescribe and help prescribers to identify strengths and areas for development through self-assessment.

It is a generic framework which may be contextualised for application to specific clinical and professional settings

4. The accreditation process

Flow chart of process for initial accreditation

- Initial expression of interest from provider
- GPhC provide information on accreditation process and documentation required
- Provider ready to proceed?
  - yes: Tentative event date arranged and deadline for receipt of documentation set by GPhC
  - no: Feedback to provider
- Documents received and reviewed by accreditation team
- Satisfactory documentation?
  - yes: Event date confirmed and schedule for event finalised
  - no: Feedback to provider
- Accreditation event
- Recommended for accreditation?
  - yes: Accreditation report finalised after provider has confirmed factual accuracy
  - no: Accreditation team’s recommendation and report considered by Registrar/GPhC Council
  - Condition(s) set?
    - yes: Provider works to meet conditions(s)
    - no: Condition(s) met?
      - yes: Documentation in response to condition(s) submitted and reviewed
      - no: Condition(s) met?
- Programme is not accredited. GPhC confirms in writing to provider. Provider may reapply at any time.
- Programme is accredited for the agreed period of time. GPhC confirms in writing to provider.
- Recommendation for accreditation is approved
- Registrar/GPhC Council seeks further information before making decision on approval
- GPhC Quality Assurance (Education) Team provides required documentation or clarification
### Timescales

The following is a guide to the approximate timescales for completion of the initial accreditation of an independent prescribing programme.

<table>
<thead>
<tr>
<th>Weeks</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>Cf. Visit</td>
</tr>
<tr>
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<td>-14</td>
</tr>
<tr>
<td>2</td>
<td>-12</td>
</tr>
<tr>
<td>4</td>
<td>-10</td>
</tr>
<tr>
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<td>-6</td>
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</tr>
<tr>
<td>23</td>
<td>9</td>
</tr>
<tr>
<td>23+</td>
<td>9+</td>
</tr>
</tbody>
</table>
5. The Accreditation team

Composition

The GPhC accreditation team comprises members with suitable expertise drawn from its accreditation panel. The accreditation team will usually consist of two members of the accreditation panel with expertise in pharmacist prescribing programmes. One team member will be appointed as Chair of the event.

At the point that the accreditation event date is confirmed, the programme provider will be provided with the names and job titles of those accreditation panel members who will be involved in the accreditation of their programme. On receipt of the details of the accreditation team, the provider is asked to raise any objections, or potential conflicts of interest, with the GPhC.

During the accreditation event, the team will be accompanied by a Rapporteur who will take notes and prepare a written account of the event to include the accreditation team’s decision, in the form of an accreditation report and record. The Rapporteur is not a member of the accreditation team and will play no role in the decision making process. The Rapporteur will only be involved in discussions during the event where it is necessary for them to ask for clarifications of fact to ensure accuracy within the report.

The accreditation team will also be accompanied by a member of staff from the GPhC Quality Assurance (Education) Team who will oversee the accreditation process to ensure that the GPhC accreditation procedures and policies are followed and that decisions are made in a fair and consistent manner, with a focus on patient safety.

Recruitment, performance and remuneration

Members of the accreditation panel are Associates of the GPhC and must meet the GPhC’s requirements for Associates, as well as the Code of Conduct for Accreditors. Accreditation panel members are required to meet core competencies for the role, against which they are appraised annually.

Panel members are required to make a declaration of any relevant interests e.g. 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. The GPhC Quality Assurance (Education) Team holds a record of declared interests, and panel members are asked to update their record at the start of each academic year.

Panel members are paid an allowance and expenses for participation in accreditation events, including time spent preparing for the event. Details of current allowances are available from the General Pharmaceutical Council.
Training

All accreditation panel members are required to attend regular training and development sessions organised by the General Pharmaceutical Council.

All panel members are trained in equality and diversity legislation.
6. Documentation

Format and content
The submission documentation must describe in detail how the provider, and the programme that has been developed, will meet all of the accreditation criteria and ensure that pharmacists successfully completing the programme will meet all of the learning outcomes and be safe to practice as independent prescribers.

Upon receipt of submission documentation, it will be circulated by the GPhC to the accreditation team members for review. For reaccreditation events, the accreditation team will also be sent a copy of the report and record relating to the provider’s previous independent prescribing accreditation event. The provider’s submission will be scrutinised by the accreditation team between 6 and 3 weeks before the accreditation event. If the documentation does not adhere to the format and guidelines within the application templates, or if the accreditation team considers based on the documentation provided that the programme is not yet ready for an accreditation event, the documentation will be returned and the event date will be postponed. If documentation is deemed satisfactory the event date will be confirmed and details of the schedule and venue for the event will be sent to the provider.

Please see submission templates for detailed guidance on the required format of the submission document and the number of copies that should be provided.

Deadline for receipt
The provider must submit their submission documentation to the GPhC's Quality Assurance (Education) Team by the agreed deadline. This is normally six weeks in advance of the accreditation event; however the exact date will be confirmed in advance by the GPhC.

Completion of templates
Providers applying for accreditation or reaccreditation of an independent prescribing programme should complete the following:

- Application templates part 1 & 2 (Appendix A), accompanied by supporting documentation

Providers applying for accreditation or reaccreditation of an independent prescribing conversion programme should complete the following:

- Application templates parts 1 & 2 (Appendix B), accompanied by supporting documentation

Providers applying for accreditation of both a full and conversion programme must complete both application templates (Appendix A and B). Cross referencing between templates may be used to avoid repetition. A single copy of any supporting documents applicable to both programmes is acceptable (e.g. staff CVs, university regulations).
Additional requirements for reaccreditation

The process for reaccreditation of an independent prescribing programme (full or conversion) will follow the same format as described for accreditation. The submission documentation must include, additionally, an introduction section which includes the following:

- An overview of how the programme has developed since initial accreditation, including a summary of any major changes
- Information on the number of cohorts of the programme that have been delivered since the last event, including the number of pharmacists per cohort.
- A summary of the response to any conditions and recommendations that were made by the accreditation team at the previous event. Where a provider opted not to action a recommendation, an explanation of the rationale for this decision should be provided.

Preparing for accreditation

The submission documentation is expected to reflect a programme that has been fully developed and is ready for accreditation. All supporting documentation should be up to date and complete. The programme is expected to be validated by the University or Institution prior to accreditation by the GPhC. Evidence of this should be included as part of the submission.

The submission documentation must focus solely on the pharmacists who will be undertaking the programme. Content relating to other health professionals who may be undertaking the programme should only be included where it relevant to demonstrate aspects of interprofessional learning.

Pre-event meeting

In order to support providers of new pharmacist independent prescribing programmes, the GPhC offers a pre-event meeting via telephone at the beginning of the accreditation process. The purpose of this meeting is to support the provider’s understanding of the GPhC’s accreditation requirements for independent prescribing programmes, and to answer the provider’s queries regarding the accreditation process or the format of the accreditation event. The pre-event is an essential part of the process for new providers. This is to ensure that the requirements for accreditation are fully understood before submission documentation is prepared.
7. The accreditation event

Location

Should the GPhC be approached by a provider that does not have experience of offering an accredited pharmacist prescribing programme, the accreditation event will take place on site at the provider’s location. This is to enable the accreditation team to take a view on the programme facilities from firsthand experience.

Reaccreditation events for independent prescribing programmes are normally held at the GPhC Offices in London. The GPhC reserves the right to vary locations if necessary.

Event schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00 – 11:00</td>
<td>Private meeting of the accreditation team</td>
</tr>
<tr>
<td>11:00 – 11:30</td>
<td>Tour of teaching facilities (new accreditations only)</td>
</tr>
<tr>
<td>11:30 – 13:00</td>
<td>Accreditation team meet with programme provider</td>
</tr>
<tr>
<td>13:00 – 13:30</td>
<td>Working lunch</td>
</tr>
<tr>
<td>13:30 – 14:00</td>
<td>Meeting with programme provider continued, if required</td>
</tr>
<tr>
<td>14:00 – 15:00</td>
<td>Private meeting of the accreditation team</td>
</tr>
<tr>
<td>15:00 – 15:30</td>
<td>Feedback to the programme provider</td>
</tr>
</tbody>
</table>

The above schedule is provided as a guide only. The final schedule and event location will be confirmed by the GPhC Quality Assurance (Education) Team at least three weeks prior to the event date.

Hospitality and acceptance of gifts

The accreditation team, either collectively or individually, may not accept payment or gifts from any institution, training provider or awarding body. Neither will they accept meals or refreshment constituting entertainment rather than sustenance, or transport except for essential local travel.
8. The accreditation reports

An accreditation report and an accreditation record will be prepared following the accreditation event. Between 4 and 6 weeks after the event, the provider will be sent a draft of these reports to check for matters of factual accuracy. Once the provider has confirmed that they are satisfied that the reports are a true record of the event, the documents will be finalised and submitted to the Registrar for approval. The accreditation team’s recommendations are not binding on the Registrar and the Registrar may add, remove or modify points on reflection and in light the accreditation panel views. The accreditation team’s feedback is confidential until it has been ratified by the Registrar.

Report
The accreditation report will consist of a summary of the discussions and outcome. Once the accreditation decision has been ratified by the Registrar the report will be published on the General Pharmaceutical Council’s website and remain for the duration of the accreditation period.

Record
The record will consist of a detailed note of the meetings discussions and outcome and will be kept confidential to the General Pharmaceutical Council and programme provider.

The accreditation record will be organised into the following sections:

- Introduction
- Documentation
- The event
- Accreditation team
- Provider
- Accreditation criteria
  - The programme provider
  - Pre-requisites for entry
  - The programme
  - Learning in practice
  - Assessment
  - Details of Award
- Summary and conclusions

Formal approval
The accreditation or reaccreditation is formally approved only once any conditions set by the accreditation have been met satisfactorily, and the provider has received written confirmation from the GPhC that the Registrar has accepted the recommendation for approval.

Along with the formal approval letter, the provider will receive a final version of the record and report. The provider must formally respond to the record and report within three months. This response will be published on the GPhC website alongside the report for the duration of the accreditation period.

http://www.pharmacyregulation.org/education/approval-courses/accreditation-and-recognition-reports
9. Outcomes of Accreditation

Outcome

The usual outcome of an accreditation event is expected to be a recommendation to the Registrar that accreditation be granted. This recommendation may be subjected to conditions that must be met for accreditation is granted and before pharmacists are permitted to undertake the programme.

An accreditation event will culminate in the accreditation team confirming that they will be making one of the following recommendations to the Registrar of the General Pharmaceutical Council:

1. **Pass** - Recommend a full period of accreditation (three years)
2. **Pass** - Recommend a shorter than normal period (less than three years) of accreditation
3. **Pass with remediation** - recommend accreditation subject to conditions
4. **Refusal** – Recommend that accreditation is not granted (new programmes)
5. **Withdrawal** - (Existing programmes)
6. **Probation** - Impose a requirement for an acceptable action plan subject to additional monitoring and review with probationary accreditation/recognition in the meantime. (Existing programmes)

For all new providers of accredited independent prescribing programmes, the first year of accreditation will be provisional and will be subject to a monitoring visit during the first year of the programme.

All new providers must also meet the following standard condition of accreditation upon completion of the first cohort of the newly accredited programme.

For quality assurance purposes, all Universities offering newly accredited Independent Prescribing Programmes will be expected to undertake an evaluation of the teaching provided to enable students to develop clinical examination skills, once the first cohort has completed the programme. The evaluation must include assessment results for this essential core element and feedback from students on the teaching provided. The evaluation report must then be forwarded to the General Pharmaceutical Council.

The evaluation must be sent to the Quality Assurance (Education) Team in electronic format, for review by the accreditation team. A template for this evaluation is provided at Appendix C.

With the exception of the standard condition of accreditation described above, all conditions of accredited must be met before accreditation can be granted. Pharmacists may not begin to undertake a new pharmacist prescribing programme until the provider receives formal notification in writing from the General Pharmaceutical Council that accreditation has been approved by the Registrar.
Standard conditions of accreditation

The following conditions apply to all accredited providers of pharmacist independent prescribing programmes:

(i) All documentary references to the pharmacy regulator must be to the General Pharmaceutical Council.
(ii) The provider must inform the GPhC of any change (or proposed change) to:
    - The content, structure or delivery of the accredited programme
    - Ownership or management structure of the institution
    - Any existing partnership, licensing or franchise agreement
    - Major changes to staff associated with the programme, including a change in programme lead.

Non-compliance

If at any time the GPhC identifies that a provider is not complying with the accreditation criteria it will make it a “condition of accreditation” that the provider 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 if conditions of accreditation are not met within the specified period or immediately, if a serious deficiency is identified.

The training provider will be notified in writing of the 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

The provider is responsible for issuing the award and certificate of completion to all successful students.

Complaints

Any complaints arising from the approval process will be referred to the Registrar.
10. Appeals against Accreditation process or 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.
11. Evaluation of accreditation process

To assist with our internal quality assurance processes we seek feedback from programme providers after each accreditation or reaccreditation event. An optional evaluation form is sent to each provider once the accreditation process has been completed. All feedback provided remains confidential to the GPhC and is used to maintain internal quality assurance.

12. Annotation

It is the responsibility of the individual pharmacist to apply to the GPhC for annotation to their entry on the Register. Programme providers should advise pharmacists undertaking the accredited programme that they may not practise as an independent prescriber until their entry on the GPhC Register has been annotated accordingly.

Applications for annotation will be processed once the GPhC Applications Team has received both the pharmacists completed application form and associated fee, and formal confirmation from the programme provider that the pharmacist has successfully completed the programme and has been awarded a Practice Certificate in Independent Prescribing.

Pharmacists may download the application form from the GPhC website at: http://www.pharmacyregulation.org/registration/changes-your-registration/annotations

Enquiries regarding annotation should be directed to the GPhC Applications Team:

In writing: Applications Team 2
General Pharmaceutical Council
25 Canada Square
London
E14 5LQ

By telephone: 0203 713 8000

By email: info@pharmacyregulation.org
13. Contact details

Enquiries regarding the accreditation of independent prescribing programmes should be directed to the Quality Assurance (Education) Team:

In writing: Quality Assurance (Education) Team
General Pharmaceutical Council
25 Canada Square
London
E14 5LQ.

By telephone: 0203 713 7973 or 7978

By email: education@pharmacyregulation.org

This manual, and associated submission templates, may be downloaded from the GPhC website via the following link:
http://www.pharmacyregulation.org/education/approval-courses/accreditation-guidance