

Independent
prescribing
programme

Accreditation of independent prescribing
programmes: guidance for providers
For 2019/20 academic year

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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 practise 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 In May 2006 this legislation was superseded by legislation permitting pharmacist independent prescribing.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 relate 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 an application template 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 template 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 to become 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. For an initial accreditation, the accreditation period is provisional as it is subject to a satisfactory monitoring event after completion of the first cohort of the programme. Information on monitoring events can be found in section 10.

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 practise 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 as follows:

Section 1: The programme provider

- 1.1** Must be part of, or be closely associated with, a higher education institution which implements effective quality assurance and quality management and enhancement systems and demonstrates their application to prescribing programmes. The programme must be validated by its higher education institution.
- 1.2** Must have adequate physical, staff (academic and administrative) and financial resources to deliver the programme including facilities to teach clinical examination skills.
- 1.3** Must have identified staff with appropriate background and experience to teach the programme, ideally including practising pharmacists with teaching experience and staff with clinical and diagnostic skills.
- 1.4** Must have an identified practising pharmacist with appropriate background and expertise who will contribute to the design and delivery of the programme. The identified pharmacist must be registered with the General Pharmaceutical Council (GPhC), and where possible should be a pharmacist independent prescriber.

Section 2: Pre-requisites for entry

- 2.1** Entrants must be a registered pharmacist with the GPhC or the Pharmaceutical Society of Northern Ireland (PSNI).
- 2.2** Entrants must have at least two years appropriate patient-orientated experience in a UK hospital, community or primary care setting following their preregistration year.
- 2.3** Entrants must have identified an area of clinical practice in which to develop their prescribing skills and have up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to their intended area of prescribing practice.
- 2.4** Entrants should demonstrate how they reflect on their own performance and take responsibility for own CPD.
- 2.5** The provider must ensure that the DMP, identified by the pharmacist, has training and experience appropriate to their role. This may be demonstrated by adherence to the Department of Health Guidance (2001). The DMP must have agreed to provide supervision, support and shadowing opportunities for the student, and be familiar with the GPhC's requirements of the programme and the need to achieve the learning outcomes.
- 2.6** Entrants who are not registrants of the GPhC or PSNI may undertake the taught components of the programme but may not undertake the period of supervised practice.

Section 3: The programme

- 3.1** Must be taught at least at bachelor's degree level (FHEQ (2008), level 6) and reflect the fact that since June 2002, pharmacists have graduated and practise at master's degree level (FHEQ (2008), level 7).

- 3.2 Must achieve the 16 learning outcomes listed in the curriculum for independent prescribing, which must be mapped against the programme's learning outcomes and assessments. The programme learning outcomes must be aligned with the relevant level of study.
- 3.3 Must include teaching, learning and support strategies which allow pharmacists to build on their background knowledge and experience and acquire competence in prescribing.
- 3.4 Must provide opportunities for pharmacists to demonstrate how they will apply their learning to the conditions for which they will be prescribing.
- 3.5 Must contain learning activities equivalent to 26 days, normally over a period of three to six months.
- 3.6 Must have robust systems to monitor attendance and progression.
- 3.7 Must have a clear policy on attendance and participation and the obligations of pharmacists who miss part of the programme. Pharmacists must attend all scheduled teaching and learning sessions that provide instruction on clinical examination and diagnosis.
- 3.8 May recognise and allow reduced learning time for previous learning or experience, which is directly equivalent to programme content and for which evidence is provided. Recognition should be according to established institutional procedures on previous learning or experience. Regardless of previous learning or experience, all pharmacists must undertake all assessments.

Section 4: Learning in Practice

- 4.1 The provider must support the DMP with clear and practical guidance on helping the pharmacist successfully to complete the period of learning in practice including arrangements for quality assurance of summative assessments. The roles of the programme provider and the DMP for teaching the skills for clinical assessment of patients must be clearly set out.
- 4.2 The provider must support the DMP with clear and practical guidance on their role in the assessment of the student.
- 4.3 The provider must obtain formal evidence and confirmation from the DMP using the specified wording; "the pharmacist has satisfactorily completed at least 12x7.5h days supervised practice".
- 4.4 The provider must obtain a professional declaration from the DMP using the specified wording; "In my opinion as the DMP, the skills demonstrated in practice confirm the pharmacist as being suitable for annotation as an Independent Prescriber"
- 4.5 Failure in the period of learning in practice cannot be compensated by performance in other assessments.

Section 5: Assessment

The programme provider should ensure that assessment strategies meet the requirements of the curriculum particularly:

- 5.1 Evidence from a range of assessments that the student has achieved the intended learning outcomes of the programme.

- 5.2 The programme will be assessed separately from any other programmes or programme components and lead to a freestanding award which confirms the competence of the pharmacists as an independent prescriber.
- 5.3 The assessment scheme should demonstrate that the criteria for pass/fail and any arrangements for compensation between elements of assessment, together with the regulations for resit assessments and submissions, are consistent with safe and effective prescribing and the achievement of all learning outcomes.
- 5.4 In any assessment, a failure to identify a serious problem or an answer which would cause the patient harm should result in overall failure of the programme.

Section 6: Details of Award

- 6.1 The provider should award successful candidates a '*Practice Certificate in Independent Prescribing*' confirming that the candidate has successfully completed the programme and the period of learning in practice.
- 6.2 The provider should send a certified copy of the pass list to the Registrar of the GPhC, via the Applications Team, containing the names and registration numbers of the pharmacists who have successfully completed the programme and confirming that they are eligible for annotation on the GPhC Register as independent prescribers.

The accreditation criteria for conversion programmes differ slightly from those detailed above. Both sets of criteria together with the learning outcomes and indicative content can be accessed via the [GPhC website](#).

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

Learning outcomes

All GPhC-accredited independent prescribing courses need to ensure that following qualification pharmacist independent prescribers are 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.
10. Prescribe, safely, appropriately and cost effectively.
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.

* Learning outcomes 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.

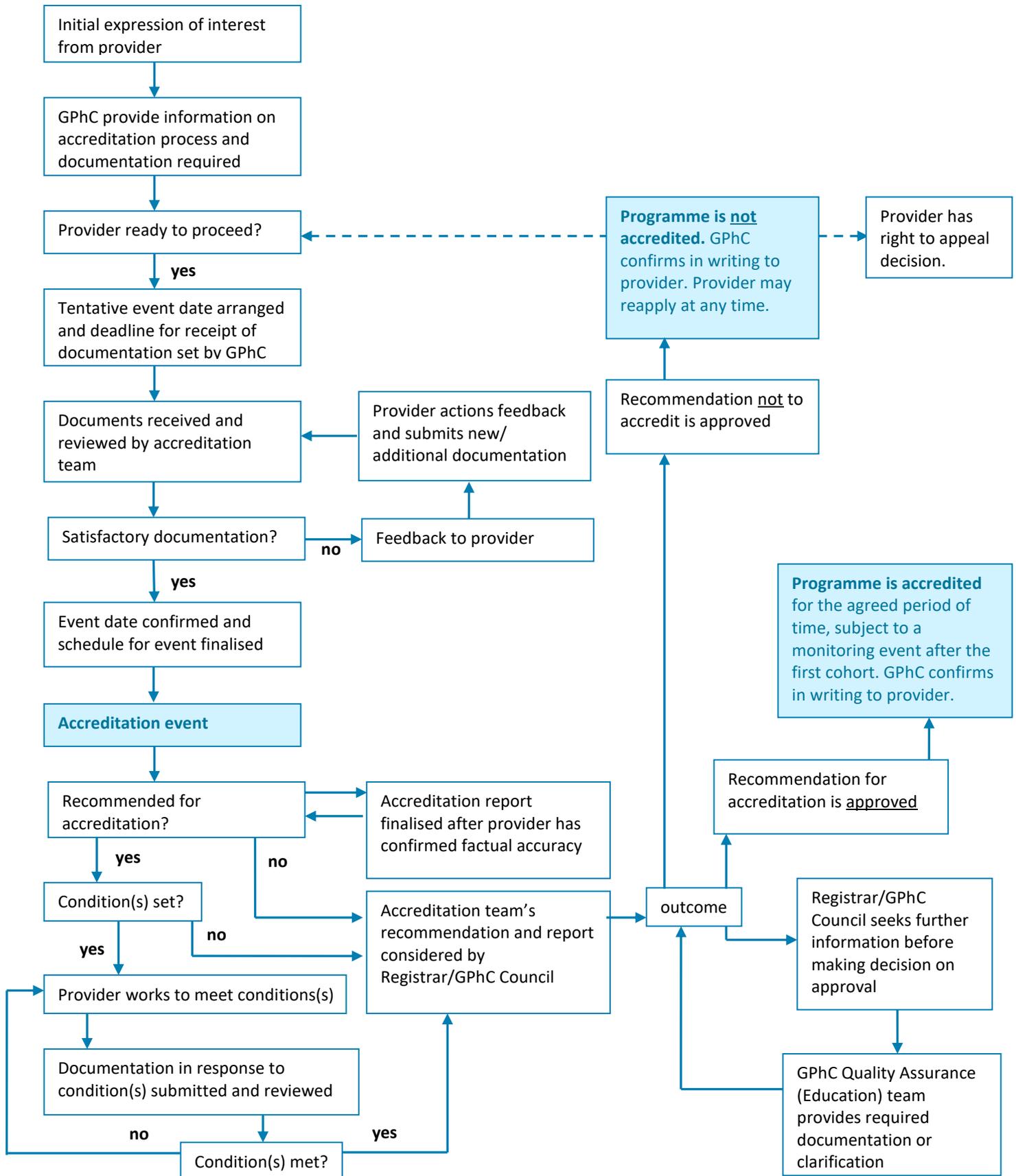
For information

In 2012 the National Prescribing Centre/National Institute for Health and Clinical Excellence (NICE) published a Single Competency Framework for all prescribers. In July 2016 a new and updated [Competency Framework for all Prescribers](#) was published by the Royal Pharmaceutical Society with the backing of NICE and in collaboration with all the prescribing professions UK wide.

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



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

Weeks		Activity
Total	Visit	
0	-14	Training provider notifies the Quality Assurance (Education) team of the GPhC of an intention to apply for accreditation. Provider is given an electronic version of the accreditation manual, which includes application templates.
2	-12	Quality Assurance (Education) team agree date for the accreditation event, in conjunction with the provider. The submission deadline is set.
4	-10	Pre-event meeting take place via teleconference.
8	-6	Provider submits to the GPhC the required documentation six weeks in advance of the event date. The documentation may be rejected at this stage if the submission documentation had not been submitted in the correct format.
9	-5	Documentation is forwarded to members of the accreditation team for review along with a draft schedule of the event.
11	-2	Following review of the documentation, accreditation team members submit their findings and notify the GPhC as to whether the programme appears ready for accreditation. If so, the event schedule is finalised and sent to the provider. Additional documents may be requested from the provider at this stage. If the programme is not ready for accreditation the provider is notified and the event date cancelled.
14	0	Accreditation event is held
17	3	Draft reports of the accreditation event are prepared by the rapporteur and forwarded to accreditation team members for review.
20	6	Draft accreditation reports are revised as necessary and forwarded to provider to check factual accuracy.
22	8	Draft accreditation reports are revised as necessary
24	10	Accreditation reports are considered by the Registrar who will make the final approval decision. The decision may be subject to conditions.
24+	10+	If Registrar's approval is given and there are no conditions to be met, GPhC write to the provider to confirm accreditation. Pharmacists may begin the programme. Should conditions need to be met, the Quality Assurance (Education) team will confirm accreditation only upon receipt of a satisfactory response to all conditions.

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 must complete the following:

- **Independent prescribing programme submission template part 1 & 2, accompanied by supporting documentation**

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

- **Independent prescribing conversion programme submission template parts 1 & 2, accompanied by supporting documentation**

Providers applying for accreditation of both a full and conversion programme must complete both application templates. 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. university regulation, curriculum vitae for each member of staff).

Templates for the submission documents are provided on the [GPhC website](#).

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 is 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 first-hand 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 schedules

Accreditation

09:00 – 10:30	Private meeting of the accreditation team
10:30 – 12:30	Accreditation team meet with programme provider
12:30 – 13:00	Tour of teaching facilities
13:00 – 13:30	Working lunch
13:30 – 15:00	Private meeting of the accreditation team
15:00 – 15:30	Feedback to the programme provider

Reaccreditation

10:30 – 11:30	Private meeting of the accreditation team
11:30 – 13:00	Accreditation team meet with programme provider
13:00 – 13:30	Working lunch
13:30 – 14:30	Private meeting of the accreditation team
14:30 – 15:00	Feedback to the programme provider

The above schedules are 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 the 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 discussions at the meetings and the 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.

9. Outcomes of Accreditation

Outcome

The usual outcome of an accreditation event is expected to be a recommendation to the Registrar that accredited is granted. This recommendation may be subjected to conditions that must be met before 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** - Recommend that accreditation is withdrawn (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, accreditation will be provisional and will be subject to a monitoring event following completion of the first cohort of students. See section 10 for more detail on the monitoring event.

All conditions 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.

Standing conditions of accreditation

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

1. The record and report include other comments from the team and providers are required to take all comments into account as part of the accreditation process. The provider must confirm to the GPhC that required amendments have been made.
2. The provider must respond to the definitive version of the record and report within three months of receipt. The summary report, along with the provider's response, will be published on the GPhC's website for the duration of the accreditation period.
3. The provider must seek approval from the GPhC for any substantial change (or proposed change) which is, or has the potential to be, material to the delivery of an accredited course. This includes, but is not limited to:
 - a. the content, structure or delivery of the accredited programme;
 - b. ownership or management structure of the institution;
 - c. resources and/or funding;
 - d. student numbers and/or admissions policy;
 - e. any existing partnership, licensing or franchise agreement;
 - f. staff associated with the programme.

4. The provider must make students and potential students aware that successful completion of an accredited course is not a guarantee of annotation or of future employment as a pharmacist independent prescriber.
5. The provider must make students and potential students aware of the existence and website address where they can view the GPhC's accreditation reports and the timescales for future accreditations.
6. Whenever required to do so by the GPhC, providers must give such information and assistance as the GPhC may reasonably require in connection with the exercise of its functions. Any information in relation to fulfilment of these standing conditions must be provided in a proactive and timely manner.

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 the programme(s);
- as a consequence of monitoring by the GPhC;
- if changes to the programme(s) become necessary in the interests of users.

The GPhC reserves the right to investigate if evidence suggests that the accreditation criteria are no longer being met. An investigation may require an additional visit and/or meetings with staff and students.

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 provider will be notified in writing of the decision of the Council in not less than 1 month of the accreditation 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 accreditation process will be referred to the Registrar.

10. Monitoring events

Overview

For all new providers of accredited independent prescribing programmes, accreditation will be provisional and will be subject to a monitoring event following completion of the first cohort of students.

The purpose of the monitoring event is to review the performance of the programme against the education and training standards with the first cohort of pharmacists and to ensure that delivery is consistent with the GPhC accreditation criteria. The monitoring event utilises student feedback and evaluation together with a review of documentation and a meeting with programme representatives. The accreditation period which was provisionally granted at the initial accreditation event is confirmed after a satisfactory monitoring event has taken place.

The monitoring event normally takes place at the GPhC offices and is similar to a standard accreditation event in overall structure and timescales, with the addition of the opportunity to speak to students, as detailed below.

Accreditation team

As with an accreditation event, there will be two team members selected from the GPhC accreditation panel. Where possible, the same team will be used as the original accreditation event. They will be accompanied by a rapporteur and a GPhC representative. In some cases, the GPhC representative will also act as the rapporteur for the event.

Timescales

The provider is required to submit documentation for review by the accreditation team four weeks in advance of the monitoring event. Once submitted, all other timescales follow those detailed in the table on page 11.

Documentation

In advance of the monitoring event, providers must complete the following template:

- **Independent prescribing monitoring event submission template, accompanied by supporting documentation**

Supporting documentation must include the following:

- **External Examiner's Report**
- **Evaluation of clinical skills teaching***

* 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 must be sent to the Quality Assurance (Education) team in electronic format, for review by the accreditation team as part of the monitoring event.

Templates for the submission document and the evaluation of clinical skills teaching are provided on the [GPhC website](#).

Event

Monitoring events are usually held at the GPhC offices unless there are teaching facilities and/or resources which the accreditation team are required to observe. The GPhC reserves the right to vary locations if necessary.

Schedule

10:30 – 11:30	Private meeting of the accreditation team
11:30 – 12:30	Accreditation team meet with programme provider
12:30 – 13:00	Working lunch
13:00 – 13:45	Accreditation team speak to students from first cohort
13:45 – 14:30	Private meeting of the accreditation team
14:30 – 15:00	Feedback to the programme provider

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.

Student meeting

On the day of the monitoring event, the accreditation team will speak to a minimum of two pharmacist students from the first cohort. This usually takes place via teleconference and, if possible, it is recommended that the students are given the opportunity to be together in a meeting room at the university. Should this not be possible, all students must be present on the teleconference at the same time.

Record and report

Following the monitoring event, a record and report will be prepared and sent to the accreditation team for review. The provider will then be sent a draft record and report for comments on factual accuracy. Once agreed, the record and report will be sent to the Registrar of the GPhC for approval.

The record provides a summary of the accreditation team's findings against the accreditation criteria (sections 1 to 6). The report summarises and confirms the overall outcome of the monitoring event.

Once the record and report have been approved, the provider will be sent final versions of both documents and the report will be posted on the [GPhC website](#) alongside the original accreditation report.

Outcome

If the programme continues to meet the GPhC accreditation criteria, the outcome of the monitoring event is to confirm that the programme is fully accredited for the period granted at the original accreditation event (usually 3 years).

If the programme is found to fall short of the accreditation criteria and the team concludes that one or more of the criteria are not met, conditions will be imposed which must be met before accreditation is confirmed.

The Registrar of the GPhC will be required to ratify the accreditation team's decision on the outcome of the monitoring event.

As with all programmes, 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 (see page 20 for more information).

11. Appeals against accreditation process or outcomes

For the avoidance of appeals, shortly after the accreditation event, the provider can offer to the original accreditation 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 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 to refuse or withdraw approval of programmes must be made to the Appeals Committee.

Appeals committee

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 provider bringing the appeal a statement in writing giving them notice of the committee's decision and the reasons for it.

The Appeals Committee is not required to publish its decision and the reasons for it unless the provider making the appeal so requests.

12. Evaluation of accreditation process

To assist with our internal quality assurance processes, we seek feedback from programme providers after each accreditation, reaccreditation or monitoring event. Providers are asked to complete an online evaluation once the accreditation process has been completed. All feedback provided remains confidential to the GPhC and is used to maintain internal quality assurance.

13. 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 the pharmacist's completed application form and associated fee, a copy of their certificate 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: 020 3713 8000

By email: registers@pharmacyregulation.org

14. 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 email: education@pharmacyregulation.org

15. GPhC accreditation templates and guidance

The following is a list of the documentation required for an accreditation, reaccreditation or monitoring event for an independent prescribing programme:

- Accreditation of independent prescribing programmes: guidance for providers (this manual)
- Independent prescribing programme submission template Parts 1 & 2
- Independent prescribing conversion programme submission template Parts 1 & 2
- Independent prescribing monitoring event submission template
- Template for Clinical Skills Teaching Evaluation

All documents can be downloaded from the GPhC website via the following link:

<http://www.pharmacyregulation.org/education/approval-courses/accreditation-guidance>

The GPhC is committed to compliance with the General Data Protection Regulation (GDPR), details for our privacy policy can be found on our website - <https://www.pharmacyregulation.org/privacy-policy>