

Methodology for the accreditation of Independent Prescribing programmes

October 2025, v1.0



Contents

Introduction	1
Approval of education and training	2
The principles of accreditation and recognition	2
GPhC Accreditation and Recognition panel.....	2
GPhC Education team	2
Education and training standards.....	3
The GPhC's role in the accreditation of Independent Prescribing programmes.....	3
Section 1: Initial accreditation of independent prescribing programmes.....	4
Accreditation of independent prescribing programmes	4
Section 2: Ongoing quality assurance arrangements	7
Section 3: Information for current and potential providers	9
Engagement with the GPhC.....	9
Seeking the views of students/trainees.....	9
Seeking the views of stakeholders	10
Standing conditions	10
Data and information requirements.....	10
Confirmation of a Practice Certificate in Independent Prescribing	11
Student/trainee fitness to practise.....	11
Resources	11

Policy details

Policy author	Rakesh Bhundia, Quality Assurance Officer (Education)
Approved for issue by	Damian Day, Head of Education
Effective from	01 October 2025
Next review	30 September 2026

Version control tracker

Version	Approved date	Description of change	Amendments by

Introduction

We are the General Pharmaceutical Council (GPhC), the statutory regulator for pharmacists, pharmacy technicians and pharmacies and the accrediting body for pharmacy education in Great Britain (GB). We are responsible for setting standards and approving education and training programmes and qualifications which form part of the pathway towards registration, annotation or to meet our training requirements.

Our right to check the standards of pharmacy qualifications leading to registration and annotation as a pharmacist is given by the **Pharmacy Order 2010**. This legislation, which underpins our work, requires us to 'approve' courses by appointing 'visitors' (accreditation and recognition panel members) to report to the GPhC's Council on the 'nature, content and quality' of education and training as well as 'any other matters' the Council may require.

From 2026, pharmacists joining our register will automatically be annotated as independent prescribers if they have:

- Completed education and training to our Standards for the initial education and training of pharmacists, 2021
- Passed the Common Registration Assessment, and
- Met our criteria for registration

A large proportion of pharmacists who are already registered, as well as those due to join our register before 2026, will not automatically receive this annotation. A Practice Certificate in Independent Prescribing from a GPhC-accredited independent prescribing programme is required for annotation to the Register as an Independent Prescriber. Training to be a pharmacist independent prescriber is part of a learning and professional development continuum. It begins before registration and continues once registered. It can be supplemented and enhanced by other post-registration activity provided by professional bodies, training providers, universities, and others. Accredited independent prescribing programmes are offered by higher education institutions (usually universities) and are typically delivered through a combination of face-to-face teaching sessions and self-directed study.

Currently, there are two routes to gaining an independent prescriber annotation:

- as part of the initial education and training for pharmacists to the 2021 standards, and/or
- through a free-standing independent prescribing training programme for pharmacists

Pharmacists who completed their education and training to our 2011 standards or earlier versions, must pass a GPhC-accredited independent prescribing programme to be eligible to apply for annotation to their entry on our register. The annotation is a public record that they can practise as an independent prescriber.

This methodology focuses on the accreditation and reaccreditation of stand-alone independent prescribing programmes for pharmacists.

Approval of education and training

Approval of education and training leading to registration or annotation with the GPhC is carried out through one of two processes: accreditation or recognition.

- **Accreditation** is the quality assurance process for programmes delivered directly by a higher education institution (HEI) or private provider.
- **Recognition** is the approval process for national qualifications, such as pharmacy technician initial education and training.

Both accreditation and recognition ensure that a programme or qualification meets the relevant GPhC education and training standards. The process begins with a review of documentation submitted by the provider or awarding organisation, followed by an accreditation or recognition event.

The event itself involves meetings with leadership and teaching staff, and student or trainee feedback is incorporated either through surveys or direct meetings. In addition, the accreditation or recognition team collects feedback from other stakeholders, such as experiential learning partners, practice supervisors, patients and the public, and statutory education bodies. This ensures that all aspects of the programme or qualification have been reviewed for quality assurance against our standards.

The principles of accreditation and recognition

Our quality assurance processes are:

- proportionate
- transparent
- public
- evidence-based
- periodic
- based on peer review

GPhC Accreditation and Recognition panel

Each accreditation or recognition process is undertaken by an accreditation or recognition team drawn from our **Accreditation and recognition panel**. This panel comprises pharmacists, pharmacy technicians, academics, and lay members. The size and composition of the accreditation team for each event depends on the programme type being reviewed but will always include a team leader (or chair), a registrant relevant to the programme type being approved (pharmacist/pharmacy technician), and a lay member.

GPhC Education team

Quality assurance of education and training sits within the remit of our Education team. A GPhC representative, normally a manager or officer drawn from the Education quality assurance team, oversees each approval process and accompanies the accreditation/recognition team throughout the event.

The GPhC representative is the main point of contact with the education provider. Accreditation and recognition team members must not be contacted directly by the education provider.

Education and training standards

Accreditation and reaccreditation of Independent Prescribing programmes are carried out against our **Standards for the education and training of pharmacist independent prescribers, January 2019, updated October 2022.**

The standards for the education and training of pharmacist independent prescribers are in two parts:

Part 1: Learning Outcomes – these describe what a trainee pharmacist independent prescriber must be able to demonstrate when they successfully complete their independent prescribing education and training.

Part 2: Standards – these describe the requirements for any independent prescribing programme provider and also the entry requirements for a programme.

A **Guidance document** is available to accompany these standards, to support in designing and developing programmes

The pharmacy regulator in Northern Ireland, the Pharmaceutical Society of NI has adopted these standards and we undertake accreditation of independent prescribing programme in NI and on behalf of the Pharmaceutical Society of NI.

The GPhC's role in the accreditation of Independent Prescribing programmes

We set the standards for independent prescribing programmes for pharmacists and accredit programmes that meet our standards through a provider's successful completion of our accreditation processes.

Expression of interest

Providers wishing to explore plans for developing an Independent Prescribing programme should complete an **expression of interest** and email the form to **education@pharmacyregulation.org**.

An informal meeting will be arranged when an expression of interest is received.

Where demand for accreditation events exceeds our capacity, priority will be given to existing programmes and reaccreditation activity. Applicants seeking to start a new accreditation process will be informed of current capacity at the expression of interest stage.

Section 1: Initial accreditation of independent prescribing programmes

For the initial accreditation process, an accreditation event will take place on-site at the providers (potential) delivery location. An indicative event schedule is available on request.

Accreditation of independent prescribing programmes

Event location:	On-site at the providers intended delivery location
Event timing within academic year	October – July (A minimum of four months is required between the accreditation event and the planned first intake)
Event duration:	1 day
Documentation requirements:	Full documentation to address the Standards and Learning Outcomes (a template will be provided)
Documentation deadline:	Normally required 7 weeks in advance (exact date will be specified when the event date is agreed).
Successful outcome on completion of the accreditation process	The programme is accredited for a period of 6 years, with an interim event at the 3-year point. Pharmacists successfully completing the programme will be eligible to apply for annotation as an independent prescriber.

Submission documentation

We will provide a template which mirrors the requirements of our Standards for the education and training of pharmacist independent prescribers, October 2022.

As part of the submission, supporting documents must be provided as appendices. Programme providers must ensure that equality, diversity, and inclusion (EDI) is embedded throughout both the design and the delivery of the prescribing programme. Programme providers should also embed the guiding principles of the design, development, and management of the pharmacist IP programme in the below three core documents:

- management plan
- teaching and learning strategy
- assessment strategy

There are a number of key documents required as appendices and these will be specified in the submission template. They should be accompanied by any other documents the provider wishes to submit to support the narrative. A suggested maximum number of appendices is included in the template for guidance.

We reserve the right to postpone an accreditation event if the accreditation documentation is:

- Received after the deadline specified and too late to allow sufficient time for preparation by the GPhC representative and accreditation team.

- Not presented in the format specified
- Missing required content
- Deemed by the accreditation team to be insufficient to progress to an accreditation event, for example due to lack of detail provided, or lack of progress that has been made.

Accreditation team's decisions

The accreditation event will conclude with the accreditation team agreeing a recommendation to the Registrar of the GPhC as to whether to approve the programme.

Conditions

Conditions are remedial actions set by the accreditation team to address any criteria and/or learning outcomes that are not met. A documentary response to address the condition(s) must be submitted for review by the accreditation team by the deadline set.

Recommendations

The accreditation team may also set recommendations which must be considered by the provider. These are given where criteria are met to a minimal level, or where there are specific aspects that the accreditation team has identified to support quality improvement. A formal response must be provided to any recommendations made.

Minor amendments

The accreditation team may also request that minor amendments are made. Minor amendments must be addressed as part of the accreditation process. These amendments normally relate to website or document wording changes or updates.

Decision against each criterion and learning outcome

During the process the accreditation team will make a decision on the provision against the criteria that underpins each standard, as well as each learning outcome. The options available to the accreditation team are set out in table 1.

Should any criterion or learning outcome be agreed by the team to be 'not met', a condition will be set which must be addressed within the timelines set by the team. 'Not met' decisions are reached when there is insufficient assurance, and where remedial action to meet the criteria that underpins each standard and/or learning outcomes is required.

Table 1: decision descriptors

Decision	Descriptor
Met	The accreditation team is assured after reviewing the available evidence that this criterion/learning outcome is met (or will be met at the point of delivery).
Not met	The accreditation team does not have assurance after reviewing the available evidence that this criterion or learning outcome is met. The evidence presented does not demonstrate sufficient progress towards meeting this criterion/outcome. Any plans presented either do not appear realistic or achievable or they lack detail

	or sufficient clarity to provide confidence that it will be met without remedial measures (condition/s).
--	--

Decisions on approval of independent prescribing programmes

Accreditation team's recommendation on approval - Initial accreditation

The accreditation team will agree a recommendation to the Registrar. The options available to the accreditation team are:

- **Approval** – approval to deliver an independent prescribing programme
- **Approval with remediation** – approval subject to one or more conditions which must be addressed in order to meet criteria or learning outcomes that are currently not met.
- **Refusal** - the planned provision is not sufficient to meet the education and training standards. Issues are too great to be managed by conditions. The team does not recommend that the independent prescribing programme is approved.

Registrar approval

The Registrar of the GPhC, or appointed delegate, will review the report of the event and consider the accreditation team's recommendation. The recommendation made by the accreditation team is not binding on the Registrar¹ who may accept, modify or reject any aspect of it.

Should the Registrar of the GPhC conclude, based either on the available evidence, or the recommendation of the accreditation team, that approval should be refused, this decision will be referred to the Council of the GPhC.

Providers have a right to formally appeal a decision, in line with the Pharmacy Order 2010. Appeals will be heard by an appeals committee.

¹ Or delegate

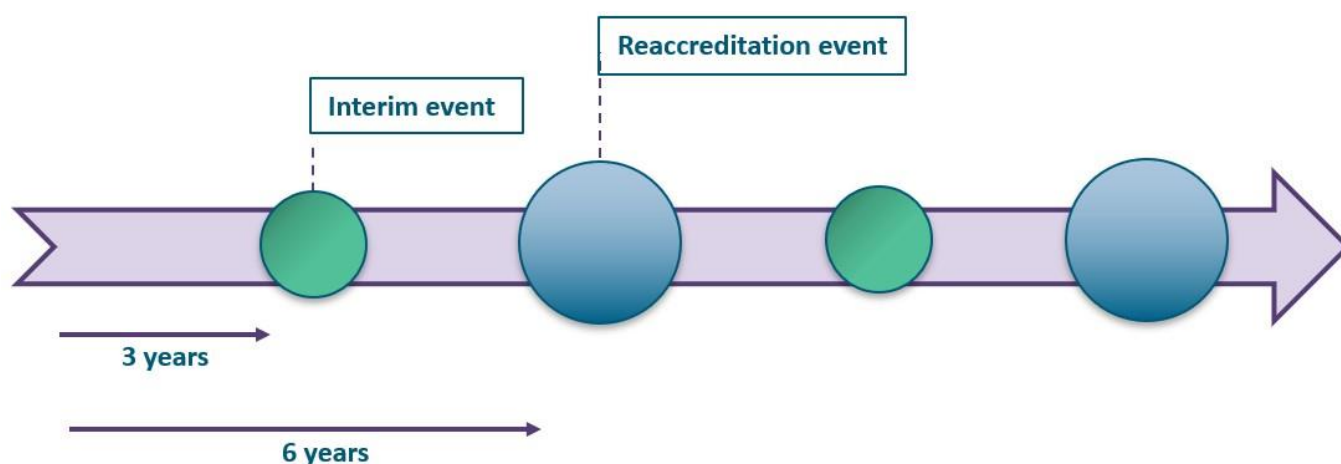
Section 2: Ongoing quality assurance arrangements

Once initial accreditation of an independent prescribing programme is achieved, the programme moves to ongoing quality assurance arrangements. From events in the 2025/26 academic year onwards, accreditation teams will recommend, as standard, that the programme approval is for a period of 6 years, with an interim event every 3 years. A reduced period of accreditation and/or earlier events may be required if there is sufficient reason.

The GPhC and accreditation team also reserve the right to require additional meetings or events and actions from the provider if there is reason to do so.

The timing of interim and reaccreditation events may also be adjusted for operational reasons to manage GPhC capacity.

Diagram 1: The standard cycle of quality assurance events once an independent prescribing programme achieves accreditation



Interim event

An interim event is a smaller scale event to monitor the programme provision since the last event. An accreditation team will review progress, developments and available evidence. Where an accreditation team is assured following the event that all standards and learning outcomes continue to be met, accreditation will be confirmed for the remainder of the 6-year period.

The following event outcomes will require approval by the GPhC Registrar (or delegate) and the accreditation team will agree a recommendation for their review:

- Continued approval subject to remediation (condition/s)
- A reduced accreditation period
- A repeat event is required
- An additional event is required, such as a monitoring event
- Probation
- Withdrawal

Reaccreditation

Reaccreditation requires a full review by an accreditation team against the standards and learning outcomes. Reaccreditation will normally involve a 1-day event held virtually.

Following a reaccreditation event the accreditation team will agree a recommendation to the Registrar (or delegate). The accreditation team will reach one of the following outcomes:

- **Reaccreditation approval**
- **Reaccreditation approval, subject to remediation** (condition/s)
- **Probation**
- **Withdrawal**

The accreditation team reserve the right to recommend a shorter period of accreditation or for additional events to take place, such as monitoring events, should there be reason to do so.

Event format – reaccreditation event

Interim and reaccreditation events are normally held virtually. An indicative event schedule for these events is available on request.

Event location:	Virtual
Event timing within academic year	Events are planned to take place around 3 months before the end of the current accreditation period. Events take place between October and July.
Event duration:	1 day
Documentation requirements:	Full documentation to address the Standards and Learning Outcomes (a template will be provided)
Documentation deadline:	Normally required 6 weeks in advance (exact date will be specified when event date agreed).
Successful outcome on completion of reaccreditation process	Approval to deliver an accredited independent prescribing programme for a further period of 6 years, with an interim event at the 3-year point.

Section 3: Information for current and potential providers

Engagement with the GPhC

In order to confirm a providers intention to formally engage with the GPhC in the accreditation process (including interim and reaccreditation events) during the academic year, a completed engagement form is required in advance. Engagement confirms the providers understanding of the accreditation process. The completed engagement form must be provided, at the latest, by the deadline for submitting documentation for the event (normally 6-7 weeks in advance).

Voluntary withdrawal

A provider may withdraw from the accreditation process. If students are undertaking the programme, the provider must inform the GPhC how the teach out of the programme will be managed and how the best interests of students currently on the programme will be prioritised.

Accreditation costs

The GPhC does not currently charge providers for the accreditation or reaccreditation of independent prescribing programmes or for interim events or additional quality assurance meetings or events that are required, however this is currently under review and subject to change.

Should a provider choose to withdraw from the accreditation, interim or reaccreditation process part-way through, the GPhC reserves the right to recover costs already incurred.

For any meetings or events that take place at the GPhC offices or other appropriate UK location, the provider is responsible for covering travel costs and other expenses relating to the provider's own staff. For events that take place at the programme provider's own premises, the provider is responsible for covering on-site meeting costs such as catering.

Seeking the views of students

It is important that the views of students undertaking accredited independent prescribing programmes are considered as part of our quality assurance processes. We do this in a number of ways:

- During interim and reaccreditation events accreditation teams will explore an overview of student feedback the university has received, as well as the actions that have been taken as a result.
- We collect feedback from current and recent students about programme provision to inform reaccreditation events. We do this using an online survey which is made available in the weeks leading up to the event. Providers are shared an email message and survey links shared with students.
- From 2026 onwards, this will be replaced by a new annual survey of all current students on accredited programmes, including those undertaking independent prescribing programmes. The findings will be aggregated for each university and programme and shared with the accreditation team to inform their review at each event. Should the annual survey findings raise any particular concerns, we will follow these up between events.

Seeking the views of stakeholders

It is important that the views of stakeholders are considered as part of our quality assurance processes. Designated Prescribing Practitioners (DPP) supervising pharmacists on accredited independent prescribing programmes are considered key stakeholders as they play an important role in pharmacists' education and training. We do this by conducting an online survey in the weeks leading to an interim or reaccreditation event. Providers are asked to share information and survey links with DPPs to seek their views. Aggregated findings are shared with the accreditation team and considered as part of the event.

Standing conditions

Standing conditions of accreditation and recognition apply to all providers of accredited and provisionally accredited programmes for the duration of the accreditation period. Providers should refer to the version for the current academic year.

During the accreditation period, providers must be proactive in keeping the GPhC informed on matters affecting the programme and provide information when requested.

The GPhC reserves the right to investigate any matter brought to its attention which may have a bearing on the accreditation of a programme.

Changes between accreditation events

Between accreditation events, providers must notify the GPhC of high-level changes that do not affect the programme and seek approval for any substantial change which is, or has the potential to be, material to the delivery of the programme.

To ensure that programmes are sufficiently resourced, the maximum number of new students/trainees that may be admitted to the programme each year will be agreed as part of the accreditation process. Approval must be sought from the GPhC for any increases.

Publicly available information on accredited programmes

We will make the following information available publicly on our website after a provider has completed the accreditation process, and for the duration of the accreditation period:

- Name of the programme provider (including link to the provider's website homepage)
- Reports of all events since the last reaccreditation event
- Any response to the report that the provider has requested to be made available publicly
- List of all approved requests to make changes to the programme since the last event
- List of any approved extensions to the accreditation period since the last event

Data and information requirements

Providers of accredited programmes must provide data and information in a timely manner, when requested.

Annual data request

Providers should expect to receive an annual request for aggregated student/trainee data which includes, but is not limited to information on admissions, student/trainee numbers, protected

characteristics, fitness to practise sanctions, and awards. The data is normally requested in November/December each year to include student/trainee data relating to the previous academic year, as well as admissions data for the current academic year.

A report of all anonymised and aggregated student data from all accredited is published annually. It is also shared directly with programme providers.

Confirmation of a Practice Certificate in Independent Prescribing

Once a programme is accredited and pharmacists have successfully completed it, the provider is responsible for ratifying all awards and submitting accurate and complete information to us in a timely manner.

Pass list submission requirements

Pass lists must be submitted directly to our team that manage annotation to our Register. For independent prescribing programmes this is our Registers team. Pass lists will only be accepted when submitted by key programme contacts and other persons identified as being authorised by the key contacts to submit pass lists to us. Communication must be received from the individual's usual provider email address.

All pass lists submissions and enquires relating to independent prescribing pass lists should be directed to Registers@pharmacyregulation.org.

Student/trainee fitness to practise

Our standards require universities to have appropriate procedures in place to manage concerns relating to a student's fitness to practise. [Guidance for managing student and trainee fitness to practise concerns](#) is available on our website.

Resources

[Standards for the education and training of pharmacist independent prescribers, January 2019, updated October 2022](#)

[Guidance to support the implementation of the standards for the education and training of pharmacist independent prescribers, October 2022](#)

[Guidance on managing fitness to practise concerns in education and training](#)

[Expression of interest form for GPhC approval of education and training](#)

[Notification of closure of GPhC-accredited or recognised education and training provision](#)

