IIOP
INSTITIÚID CÓGAISÍOCHTA NA hÉIREANN
IRISH INSTITUTE OF PHARMACY

LEADING PRACTICE • ADVANCING STANDARDS

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Process for Accreditation of CPD Programmes which are commissioned under the Department of Health Work-Programme

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Contents

1.0 Purpose

This document describes the process for accreditation and continued accreditation of continuing professional development (CPD) programmes commissioned by the Irish Institute of Pharmacy (IIOP) as per the Pharmaceutical Society of Ireland (Continuing Professional Development) Rules 2015 (SI 553/2015).

The IIOP reserves the right to amend these procedures where the interests of fair procedures and natural justice so require.

Aim: The overall aim of the process for accreditation of CPD programmes is to assure that CPD programmes commissioned by the IIOP are of a consistently high quality, in accordance with the Pharmaceutical Society of Ireland (PSI) accreditation standards, relevant legislation and other criteria as determined by the IIOP. The process of continued accreditation also aims to ensure continued delivery of CPD programmes that have been previously accredited following completion of the accreditation process facilitated by the IIOP.

Objectives: The objectives of the process are as follows:

Quality Assurance:	To assure the quality of individual CPD programmes provided by the IIOP, consistent with the applicable accreditation standards specified by the PSI and programme specifications.
Achieving Objectives:	To assure that CPD programmes are focused on delivering the desired objectives as agreed with key stakeholders such as Department of Health, the PSI and IIOP Steering Group.
Legal/Regulatory Compliance:	To assure compliance with section 7(2)(a)(iv) of the Pharmacy Act 2007, the Pharmaceutical Society of Ireland (Continuing Professional Development) Rules 2015 (S.I. 553/2015), as well as other relevant statutory and regulatory requirements.
IT Compliance:	To assure CPD programmes comply with the IIOP's IT specifications and guidelines
Advancing Standards:	To foster a culture of continuous improvement in the provision of CPD by advancing standards.
Leading Practice:	To ensure that CPD programmes commissioned by the IIOP meet the learning needs of Irish pharmacists, are aligned with the Core Competency Framework for Pharmacists and are focused on driving improvements in pharmacy practice.
Patient Safety:	To ensure that CPD programmes commissioned by the IIOP are responsive to the needs of patients, address relevant risks to patient safety associated with current pharmacy practice and are focused on improving patient outcomes.

Risk Management:	To ensure that all approved CPD programmes have an appropriate risk management system in place to identify potential risks to pharmacists, patient safety and programme quality on an ongoing basis and that appropriate risk management is implemented to address identified risks.
Continued Delivery:	To ensure that CPD programmes which have previously been accredited following successful completion of the accreditation process facilitated by the IIOP remain available to Irish Pharmacists following successful continued accreditation of the CPD programme.

2.0 Scope

This process applies to all CPD programmes commissioned by the IIOP which fall into the category of "formal learning." It may also apply to some "non-formal learning" programmes which have been commissioned under the IIOP Annual Work Programme, as determined by the PSI. It does not apply to "informal learning". Examples of the different activities covered by each of these types of learning are shown in Figure 1.

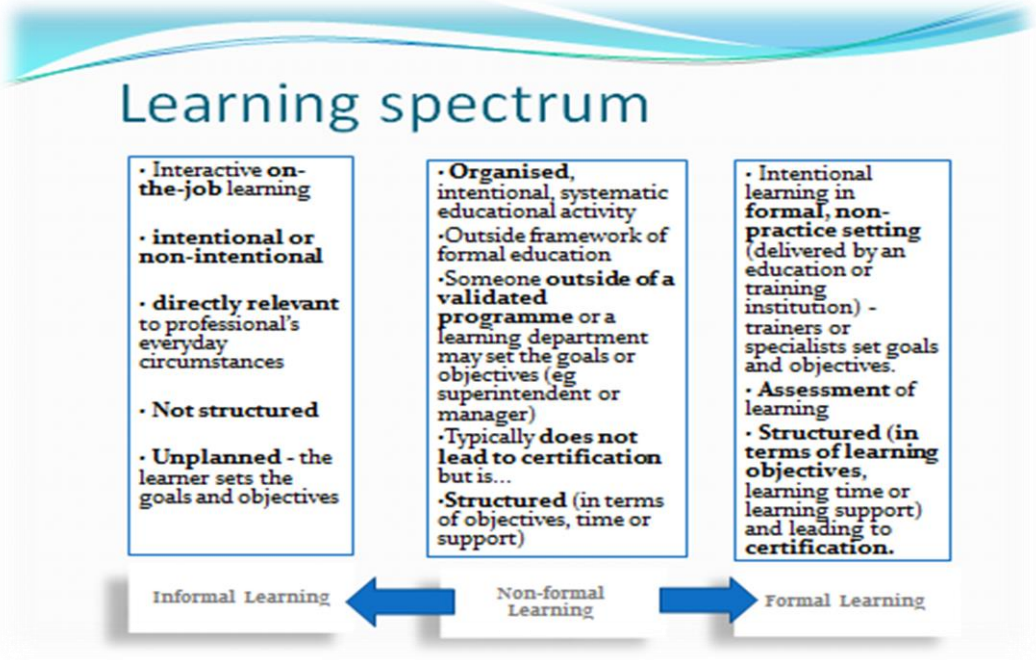

Figure 1: Learning Spectrum: Informal vs Non-formal vs Formal Learning

3.0 Definitions

Accountable Person:	A person nominated by a CPD provider who will take overall responsibility for the quality of the relevant programme.
Accreditation:	A process in which a provider (institution, organisation or agency) submits a given programme to the IIOP, for an in-

	depth analysis to determine its capacity to provide quality CPD programmes in accordance with PSI's accreditation standards.
Accreditation Co-ordinator:	The person appointed by the IIOP who acts as a central point of communication for the process for accreditation (or continued accreditation) of CPD programmes and who co-ordinates and supports activities as outlined below.
Accreditation Criteria:	Criteria which must be met by the CPD programme under assessment including compliance with the relevant PSI Accreditation Standards (as set out in the Generic Interim Accreditation Standards for Formal Programmes of Learning for Pharmacy in Ireland), the IIOP's programme specification and any requirements specified by the IIOP in the guidelines provided to training providers. These may include, but are not limited to requirements relating to: quality of education and training; relevance to pharmacists and pharmacy practice; incorporation of legislation; incorporation of national guidance; incorporation of current best practice; inclusion of an appropriate assessment that demonstrates that expected learning objectives and outcomes have been met; commitment to continuous quality improvement and updating to ensure programme materials keep abreast of changes in practice; commitment to having appropriate risk management in place.
Accreditation Review Team:	A group of peer reviewers who have been selected by the IIOP to review a CPD programme for accreditation (or continued accreditation) as outlined below.
Accreditation Review Team Chair:	Person appointed by the IIOP to chair meetings of the Accreditation Review Team.
Accredited Programme:	A CPD programme which has been recognised by the IIOP, in accordance with this process, as having demonstrated compliance with the IIOP's accreditation (or continued accreditation) criteria, including the PSI's Accreditation Standards.
Applicant:	The CPD provider who is making an application for accreditation (or continued accreditation) of a CPD programme by the IIOP.
Approval:	Meets all of the IIOP's specified accreditation (or continued accreditation) criteria for the CPD programme and has fulfilled all conditions specified by the Accreditation Review Team and has any relevant contract/s in place.
Continuing Professional	The lifelong process of active participation in learning activities

Development:	that assists the learner in developing and maintaining continuing competence, enhancing their professional practice, and supporting achievement of their career goals.
Continued accreditation:	A process in which a provider submits a given programme to the IIOP, which has been previously accredited following successful completion of the accreditation process facilitated by the IIOP, for an in-depth analysis to determine its capacity to continue to provide a quality CPD programme in accordance with PSI's accreditation standards.
Continued accreditation: criteria	Criteria which must be met by the CPD programme under assessment including compliance with the relevant PSI Accreditation Standards (as set out in the Generic Interim Accreditation Standards for Formal Programmes of Learning for Pharmacy in Ireland), the IIOP's programme specifications and any requirements specified by the IIOP in the guidelines provided to training providers. These may include, but are not limited to requirements relating to: quality of education and training; relevance to pharmacists and pharmacy practice; incorporation of legislation; incorporation of national guidance; incorporation of current best practice; inclusion of an appropriate assessment that demonstrates that expected learning objectives and outcomes have been met; commitment to continuous quality improvement and updating to ensure programme materials keep abreast of changes in practice; commitment to having appropriate risk management in place.
Core Competency Framework for Pharmacists:	A framework, published by the PSI in August 2013 which sets out the core competencies for pharmacists registered in Ireland.
IT Responsible Person:	Person appointed by the IIOP to provide IT support as outlined below.
IT Specifications:	Criteria to ensure compliance of course material with the IIOP's IT requirements.
Lead Clinical Reviewer:	The Lead Clinical Reviewer is the training provider's accountable person for conducting the clinical review of all materials relating to the CPD programme which is the subject of the application for accreditation (or continued accreditation).
Peer Reviewer:	Practitioners and/or academics who are peers with specific expertise in the programmatic area or discipline being reviewed.

Peer Review Panel:	A panel of peer reviewers maintained by the IIOP from whom the Accreditation Review Team will be drawn.
Provider:	The person, group, institution, agency, organisation or business responsible for the development of a CPD programme commissioned by the IIOP.
Quality Assurance Team:	A team of IIOP staff who will assure the quality of documentation and records relevant to this process.
Rapporteur:	The person who prepares reports and summary reports as outlined below.

4.0 Abbreviations

ART	Accreditation Review Team
CCF	Core Competency Framework for Pharmacists
CPD	Continuing Professional Development
Director	Executive Director of the Irish Institute of Pharmacy
IIOP	Irish Institute of Pharmacy
PSI	Pharmaceutical Society of Ireland
PSI Accreditation Standards	The Generic Interim Accreditation Standards for Formal Programmes of Learning for Pharmacy in Ireland or other standards where appropriate
RCSI	Royal College of Surgeons in Ireland
Team	Accreditation Review Team

5.0 Responsibilities

Accreditation Review Team:	To ensure that appropriate content, qualified personnel and adequate governance structures and resources are in place to meet the PSI's Standards and the programme specification. To ensure that appropriate policies and procedures are in place to identify risks to programme quality and to manage such risks on an ongoing basis in order to protect participants and the public. To issue recommendations for approval of CPD programmes. To identify opportunities to advance CPD standards and to improve the IIOP's processes.

Accreditation Co-ordinator:	To generate and retain documentation and records associated with the process for accreditation (or continued accreditation) of CPD programmes. To validate applications. To submit approved documentation to providers, peer reviewers, rapporteur(s), Chair of the Accreditation Review Team and Director. To assist in generating and recording reports.
Applicant(s):	To submit a complete and valid application for accreditation (or continued accreditation) in accordance with the IIOP's Guidelines.
Chair of the Accreditation Review Team:	To ensure adherence to the IIOP's external review process. To chair proceedings of meetings of the Accreditation Review Team, including meetings with applicants where necessary. To work with the Accreditation Co-ordinator to agree agendas for meetings of the Accreditation Review Team. To ensure implementation of governance requirements relating to the Accreditation Review Team (signed declarations of interest and confidentiality forms in place). To ensure adherence to the agreed agenda for Accreditation Review Team meetings. To facilitate the Accreditation Review Team's decision-making process, including finding appropriate resolution of discrepancies of opinion should they arise. To summarise determinations of the Accreditation Review Team and clarify issues for the Rapporteur(s) where necessary.
Director:	To approve the appointment of peer reviewers to the Accreditation Review Team. To provide appropriate arrangements for the governance and quality management of the accreditation (or continued accreditation) process. To approve CPD Programmes following a positive recommendation from the Accreditation Review Team and fulfilment of all required conditions by the applicant. To review recommendations for advancing standards or improving the IIOP's process for accreditation of CPD programmes.
IT Responsible Person:	To advise on IT requirements and to ensure validation of on-line course material for compliance with IT specifications.
Quality Assurance Team:	To develop, review and update documentation and records to support this process.
Rapporteur(s):	To record the proceedings of meetings of the Accreditation Review Team. To prepare the accreditation (or continued accreditation) reports and summary reports for each CPD programme in consultation with members of the Accreditation Review Team and the Chair.

6.0 Policy

The IIOP will establish clearly defined *accreditation criteria (or continued accreditation criteria as appropriate)* for each programme which will include compliance with the PSI's Accreditation Standards.

The IIOP will oversee the evaluation of CPD programmes against the accreditation criteria *(or continued accreditation criteria as appropriate)* using this *accreditation process* which is based on external peer review.

The IIOP commits to:

- ensuring that adequate resources and controls are in place to support and assure the quality of this process
- ensuring confidentiality regarding any applications submitted
- completing the accreditation (or continued accreditation) process in a fair, timely and efficient manner
- following the processes outlined in this document
- ongoing evaluation and review of this process for the purposes of continual improvement

7.0 Resources

7.1 Accreditation Review Team (the "Team")

The Director or nominee will appoint an Accreditation Review Team for each CPD programme, with the necessary expertise to conduct an assessment of the CPD programme.

A Peer Review Panel of suitable peer reviewers will be maintained by the IIOP to ensure availability of appropriate expertise when necessary.

7.1.1 Membership of the Accreditation Review Team

When determining the appropriate composition of the Accreditation Review Team the Director or nominee will take into account:

- The nature of the CPD programme/s under review e.g. format and subject matter
- Any prior accreditation of the CPD programme by the accreditation process facilitated by the IIOP
- Any prior accreditation of the CPD programme in another jurisdiction

The Accreditation Review Team will comprise at least one peer reviewer with expertise in relation to the subject matter content. At least one peer reviewer will be a pharmacist with practical experience related to the subject area. One reviewer will have an appropriate level of competence in quality and risk management to enable assessment of Standards 6 & 8, of the PSI Standards. The Accreditation Review Team should include a patient advocate and public interest member, as appropriate.

The Director or nominee will appoint a Chair to the Accreditation Review Team from the peer reviewers. The Chair will have relevant experience in facilitation and chairing of meetings, preferably with prior experience of chairing accreditation meetings. The IIOP may seek the opinion of the Chair in relation to the appropriate composition of the Accreditation Review Team.

7.2 Rapporteur

A Rapporteur will be appointed to provide administrative support to the Accreditation Review Team and to write accreditation (or continued accreditation) reports in consultation with individual members of the Accreditation Review Team and the Chair. The role of rapporteur may be performed by a staff member of the IIOP who makes a declaration at the start of the process that they will remain impartial throughout the process.

The following documentation will be made available to the Rapporteur, in accordance with the IIOP's procedures for managing documentation:

- Template for co-ordinating comments from individual reviewers
- Template for recording proceedings of meetings of the Accreditation Review Team
- Template for reports
- A link to the relevant PSI's Standards
- A link to the Core Competency Framework for Pharmacists
- Full access to course materials and supporting documentation

7.3 IT Infrastructure

Documentation and resources to support the various stages of the process will be made available through the IIOP's website and Moodle platform.

7.4 IIOP Resources

An Accreditation Co-ordinator and IT Responsible Person will be appointed by the IIOP to support the process. A Quality Assurance Team will be in place to approve documentation and records required for the process.

8.0 Process for Accreditation of CPD Programmes

8.1 Internal Review by Applicant

The Applicant will complete an internal review of the CPD Programme against the IIOP's accreditation standards and other criteria specified in the application form. The review will be conducted in accordance with the IIOP's Guidelines issued. An Accountable Person, who will assume responsibility on behalf of the Provider for the quality of the CPD programme, will be required to sign a declaration on behalf of the Provider to confirm that such a review was completed thoroughly, accurately and in accordance with the Guidelines.

8.2 Validation of Application

The completed application form and supporting documentation will be assessed by the IIOP's Accreditation Co-ordinator for compliance with documentation and IT requirements using a Validation Checklist such as shown in Table 1:

Table 1: Sample Validation Checklist

- The application form is completed in full and signed by the Accountable Person
- A full agenda/schedule of programme content is provided, in accordance with any templates provided
- Course materials are provided in hard/electronic copy, clearly labelled and indexed to the programme schedule
- Forms for assessment of learning and for evaluation of participant feedback are provided and clearly labelled
- Confirmation has been received from the IIOP's IT Responsible Person that any on-line material has been correctly uploaded to the learning management system, that it is fully operational and complies with the IIOP's IT requirements
- All supporting documentation identified on the application form is provided (in electronic and/or hard copy, as requested)
- All documentation provided is clearly labelled and fully indexed

Queries in relation to the application will be raised with the Applicant in a timely and efficient manner.

8.3 Individual Peer Review

An in-depth assessment of the CPD programme will be conducted by the individual peer reviewers.

8.3.1 Focus of the Review

Peer review of the CPD programme ensures that appropriate content, qualified personnel and adequate governance structures and resources are in place to meet the PSI's Standards and the IIOP's Programme Specifications. It also ensures that appropriate policies and procedures are in place for the programme to identify risks to programme quality and to manage such risks on an ongoing basis to protect participants and the public.

8.3.2 Documentation Requirements

The following documentation will be made available by the IIOP to support the review of applications by individual peer reviewers:

- Programme specification
- Relevant accreditation standards
- A template given to individual peer reviewers to record their feedback
- The validated application form and programme schedule
- Course materials and supporting documentation provided

Peer reviewers will be asked to complete their individual review within a timeframe set by the IIOP. This will be not less than one and not greater than two weeks from receipt of documentation from the IIOP.

8.4 Meeting of the Accreditation Review Team

Feedback from individual peer reviewers will be consolidated into a single template by the appointed Rapporteur or Accreditation Co-ordinator and a summary of individuals' feedback will be made available to all members of the Accreditation Review Team prior to/at the meeting of the Accreditation Review Team.

A forum for the Accreditation Review Team to discuss each application will be provided by the IIOP. This may be in the form of a face-to-face meeting, teleconference or videoconference, or a combination thereof. The meeting will be chaired by a Chair appointed by the IIOP and will be run in accordance with an agenda approved by the IIOP in consultation with the Chair.

The aim of the meeting will be to determine whether the CPD programme meets the programme specification, is in compliance with the PSI's accreditation standards and has adequate procedures in place for the purposes of quality and risk management. The Accreditation Review Team may request a face-to-face meeting with the applicant. The requirement for such a meeting may have been identified previously as a criterion for accreditation and/or to facilitate compliance with regulatory requirements.

8.4.1 Governance, Training and Controls

Accreditation Review Team members cannot have had any involvement in the development of the CPD programme under review nor should they be in a position to profit from the accreditation of the programme under review.

Appropriate governance arrangements are in place to manage conflicts of interest that might arise among members of the Accreditation Review Team, to protect provider confidentiality and to assure fairness of the review process. Documentation required for governance purposes must be completed by all Accreditation Review Team members. All relevant Conflicts of Interest must be declared by Accreditation Review Team members and Confidentiality Agreements signed prior to their appointment to the Accreditation Review Team and issue of any course documentation. Such conflicts of interest include but are not limited to conflicts relating to their employment and all other business interests including shareholdings, professional relationships, etc., which could involve a conflict of interest or could materially influence the member in relation to the performance of his or her functions.

Accreditation Review Team members must receive appropriate training on the IIOP's process for accreditation of CPD programmes, the PSI's accreditation standards and use of the IIOP's learning management system.

Accreditation criteria must have been approved in accordance with the IIOP's procedures to ensure that relevant standards and other requirements have been taken into account.

The accreditation criteria will have regard to the following requirements at least:

Table 2: Accreditation Criteria

Essential Criteria:

- Receipt of a complete and valid application and all documentation requirements
- Compliance with the relevant PSI's Accreditation Standards
- Compliance with the IIOP's Programme Specifications
- Compliance with Terms and Conditions of any Contract in place, incl. legal/regulatory requirements
- Compliance with the IIOP's IT requirements, where relevant
- Having appropriate policies and procedures in place for the programme to identify risks to programme quality and to manage such risks on an ongoing basis to protect participants and the public
- Absence of commercial bias

8.4.2 Determinations of the Accreditation Review Team

The Accreditation Review Team must agree as a group as to whether all of the accreditation criteria have been met. The Chair should make every effort to reach a consensus opinion among the Team. If the Team cannot agree a unanimous position however, it may be necessary to include an additional peer reviewer/s (which may include the Director) in the Accreditation Review Team to achieve a majority opinion.

The final determination will be:

a) This programme is accredited
b) This programme is accredited with recommendations to improve the programme. Implementation of these recommendations is at the discretion of the applicant.
c) This programme may be accredited subject to meeting certain conditions as outlined in the accreditation application review report
d) This programme has not been accredited and will need to be re-submitted with major revisions
e) This programme will not be accredited and will not be accepted for re-submission. This may arise, for example, where the team identifies risks to the quality or safety of patient care associated with the programme which cannot be effectively managed by the Applicant.

In the case of determination c) the Accreditation Review Team should identify the reason/s why the condition/s are requested, a timeframe for implementation of the condition/s as well as the mechanism for confirming to the IIOP that the condition/s have been implemented. The Applicant will be required to confirm in writing to the Chair of the Accreditation Review Team, via the IIOP, that the condition/s will be implemented within the required timeframe before final sign-off by the Director.

The Accreditation Review Team must also specify a suitable duration for accreditation of the programme which shall not exceed three years as well as any requirements in relation to provision of periodic reports from the Provider on the delivery of the programme.

The Accreditation Review Team is encouraged to identify particular strengths of the CPD programme - for example where standards have been exceeded.

8.5 Preparation of Draft and Final Reports

The Rapporteur will compile an individual report for each CPD programme following the team meeting. The report will deal with each of the eight PSI's Standards separately and will describe the basis for the Accreditation Review Team's decision in relation to each standard. A template for the report will be provided by the IIOP.

The report will clearly identify the overall determination of the Accreditation Review Team along with any conditions and recommendations to improve the programme, including a timeline for implementation of any conditions. Commendations from the Accreditation Review Team or evidence of best practice should also be identified in the report's conclusion.

All members of the Accreditation Review Team will be provided with the initial draft of the accreditation report for review to ensure accuracy of content. Comments should be returned to the IIOP within three working days. After individual comments have been considered for incorporation into the initial draft by the Rapporteur, the Chair will approve the second draft.

Applicants will then have an opportunity to comment on the IIOP's draft report and to highlight any errors of fact within five working days. The final report will consider feedback from the Applicant before approval of the report by the Chair of the Accreditation Review Team. A summary report will be prepared by the Rapporteur. The final report and a summary report will be signed by the Chair on behalf of the Accreditation Review Team and sent to the Accreditation Co-ordinator.

8.6 Sign-off by Director

The Accreditation Co-ordinator will provide a copy of the final report to the Director. Evidence that all conditions specified by the Accreditation Review Team have been put in place (or assurances that they will be in place within the timeframe required) must be received by the IIOP from the Applicant in writing before final sign-off by the Director.

8.7 Approval by the PSI

Accreditation reports will be submitted to the PSI following sign-off by the Director. Following approval by the PSI Registrar, as per the Pharmaceutical Society of Ireland (Continuing Professional Development) Rules 2015 (S.I. 553/2015), a copy of the final accreditation report and formal written communication will be provided by the Director to the Applicant in relation to approval or otherwise of the CPD programme by the PSI Registrar. The duration of accreditation of the CPD programme will commence from the date of approval by the PSI Registrar.

9.0 Process for continued accreditation of CPD Programmes

The IIOP continued accreditation process will be applied in cases where CPD programmes reach the end of their accreditation period and where it is deemed desirable to continue provision of the existing programme without any significant changes. This process recognises that such programmes have already been accredited by the PSI and seeks to determine ongoing compliance with the PSI's Accreditation Standards. The continued accreditation process is at the discretion of the IIOP and will be in line with the training needs of pharmacists as ascertained by relevant stakeholders.

9.1 Internal Review by Applicant

The Applicant will complete an internal review of the CPD Programme against the IIOP's continued accreditation criteria and other relevant criteria specified in the application form. The review will be conducted in accordance with the IIOP's Guidelines. An Accountable Person, who will assume responsibility on behalf of the Provider for the quality of the CPD programme, will be required to sign a Declaration on behalf of the Provider to confirm that such a review was completed thoroughly, accurately and in accordance with the Guidelines.

9.2 Validation of Application

The completed application form and supporting documentation will be assessed by the IIOP's Accreditation Co-ordinator for compliance with documentation and IT requirements using a Validation Checklist such as shown in Table 1.

Queries in relation to the application will be raised with the Applicant in a timely and efficient manner.

9.3 Individual Peer Review

A review of the CPD programme will be conducted by the individual peer reviewers.

9.3.1 Focus of the Review

Peer review of the CPD programme ensures that appropriate content, qualified personnel and adequate governance structures and resources are in place to meet the PSI's Standards and the IIOP's Programme Specifications. It also ensures that appropriate policies and procedures are in place for the programme to identify risks to programme quality and to manage such risks on an ongoing basis to protect participants and the public.

9.3.2 Documentation Requirements

The following documentation will be made available by the IIOP to support the review of applications by individual peer reviewers:

- Programme specification – which incorporates the original programme specification and any changes which have been made in line with the quality management processes since then
- Relevant accreditation standards
- A template given to individual peer reviewers to record their feedback
- The validated application form and programme schedule
- Course materials and supporting documentation provided
- Copies of the annual review reports submitted to the IIOP
- Copy of the original accreditation application review report

Peer reviewers will be asked to complete their individual review within a timeframe set by the IIOP. This will be not less than one and not greater than two weeks from receipt of documentation from the IIOP.

9.4 Meeting of the Accreditation Review Team

Feedback from individual peer reviewers will be consolidated into a single template by the appointed Rapporteur or Accreditation Co-ordinator and a summary of individuals' feedback will be made available to all members of the Accreditation Review Team prior to/at the meeting of the Accreditation Review Team.

A forum for the Accreditation Review Team to discuss each application will be provided by the IIOP. This may be in the form of a face-to-face meeting, teleconference or videoconference. The meeting will be chaired by a Chair appointed by the IIOP and will be run in accordance with an agenda approved by the IIOP in consultation with the Chair.

The aim of the meeting will be to determine whether the CPD programme meets the requirements for continued accreditation and has adequate procedures in place for the purposes of quality and risk management. The Accreditation Review Team may request a face-to-face meeting with the applicant.

9.4.1 Governance, Training and Controls

Accreditation Review Team members cannot have had any involvement in the development of the CPD programme under review nor should they be in a position to profit from the continued accreditation of the programme under review.

Appropriate governance arrangements are in place to manage conflicts of interest that might arise among members of the Accreditation Review Team, to protect provider confidentiality and to assure fairness of the review process. Documentation required for governance purposes must be completed by all Accreditation Review Team members. All relevant Conflicts of Interest must be declared by Accreditation Review Team members and Confidentiality Agreements signed prior to their appointment to the Accreditation Review Team and issue of any course documentation. Such conflicts of interest include but are not limited to conflicts relating to their employment and all other business interests including shareholdings, professional relationships, etc., which could involve a conflict of interest or could materially influence the member in relation to the performance of his or her functions.

Accreditation Review Team members must receive appropriate training on the IIOP's process for continued accreditation of CPD programmes, the PSI's accreditation standards and use of the IIOP's learning management system.

Continued accreditation criteria must have been approved in accordance with the IIOP's procedures to ensure that relevant standards and other requirements have been taken into account.

The continued accreditation criteria will have regard to the following requirements at least:

Table 3: Continued Accreditation Criteria

Essential Criteria:

- Receipt of a complete and valid application and all documentation requirements
- Receipt of a declaration that the CPD programme remains in compliance with the PSI Generic Interim Accreditation Standards for Formal Programmes of Learning for Pharmacy in Ireland
- Previous successful accreditation of the CPD programme following completion of the accreditation process facilitated by the IIOP
- Ongoing compliance with all conditions (and recommendations where applicable) of accreditation including the submission of an annual report on the CPD programme
- Confirmed accreditation of the CPD programme at the time of submission of application for continued accreditation
- Compliance with the IIOP's Programme Specifications
- Compliance with Terms and Conditions of any Contract in place, including legal/regulatory requirements
- Compliance with the IIOP's IT requirements, where relevant
- Evidence of the implementation of appropriate policies and procedures to identify risks to programme quality and to manage such risks on an ongoing basis to protect participants and the public
- Absence of commercial bias

9.4.2 Determinations of the Accreditation Review Team

The Accreditation Review Team must agree as a group whether all of the continued accreditation criteria have been met. The Chair should make every effort to reach a consensus opinion among the Team. If the Team cannot agree a unanimous position however, it may be necessary to include an additional peer reviewer/s (which may include the Director) in the Accreditation Review Team to achieve a majority opinion.

The Accreditation Review Team must agree as a group as to whether all of the continued accreditation criteria have been met. The Chair should make every effort to reach a consensus opinion among the Team. If the Team cannot agree a unanimous position however, it may be necessary to include an additional peer reviewer/s (which may include the Executive Director) in the Accreditation Review Team to achieve a majority opinion.

The final determination will be:

a) This programme accreditation is continued
b) This programme accreditation is continued with recommendations to improve the programme. Implementation of these recommendations is at the discretion of the applicant.
c) This programme accreditation may be continued subject to meeting certain conditions as outlined in the continued accreditation application review report
d) This programme accreditation is not continued and will need to be re-submitted with major revisions
e) This programme accreditation is not continued and will not be accepted for re-submission. This may arise, for example, where the team identifies risks to the quality or

safety of patient care associated with the programme which cannot be effectively managed by the Applicant.

In the case of determination c) the Accreditation Review Team should identify the reason/s why the condition/s are requested, a timeframe for implementation of the condition/s as well as the mechanism for confirming to the IIOP that the condition/s have been implemented. The Applicant will be required to confirm in writing to the Chair of the Accreditation Review Team, via the IIOP, that the condition/s will be implemented within the required timeframe before final sign-off by the Executive Director.

The Accreditation Review Team must also recommend a suitable duration for continued accreditation of the programme which shall not exceed three years as well as any requirements in relation to provision of periodic reports from the Provider on the delivery of the programme.

The Accreditation Review Team is encouraged to identify particular strengths of the CPD programme - for example where standards have been exceeded.

9.5 Preparation of Draft and Final Reports

The Rapporteur will compile an individual report for each CPD programme following the team meeting. A template for the report will be provided by the IIOP. The report will clearly identify the overall determination of the Accreditation Review Team along with any conditions and recommendations to improve the programme, including a timeline for implementation of any conditions. Commendations from the Accreditation Review Team or evidence of best practice should also be identified in the report's conclusion.

All members of the Accreditation Review Team will be provided with the initial draft of the continued accreditation report for review to ensure accuracy of content. Comments should be returned to the IIOP within three working days. After individual comments have been considered for incorporation into the initial draft by the Rapporteur, the Chair will approve the second draft.

Applicants will then have an opportunity to comment on the IIOP's draft report and to highlight any errors of fact within five working days. The final report will consider feedback from the Applicant before approval of the report by the Chair of the Accreditation Review Team. A summary report will be prepared by the Rapporteur. The final report and a summary report will be signed by the Chair on behalf of the Accreditation Review Team and sent to the Accreditation Co-ordinator.

9.6 Sign-off by Director

The Accreditation Co-ordinator will provide a copy of the final report to the Director. Evidence that all conditions specified by the Accreditation Review Team have been put in place (or assurances that they will be in place within the timeframe required) must be received by the IIOP from the Applicant in writing before final sign-off by the Director.

9.7 Approval by the PSI

Continued accreditation reports will be submitted to the PSI following sign-off by the Director. Following the approval by the PSI Registrar, as per the Pharmaceutical Society of Ireland (Continuing Professional Development) Rules 2015 (S.I. 553/2015), a copy of the final

continued accreditation report and formal written communication will be provided by the Director to the Applicant in relation to approval or otherwise of the CPD programme by the PSI Registrar. The duration of accreditation of the CPD programme will commence from the date of approval by the PSI Registrar.

10.0 Appeals Process

In the case that an applicant wishes to submit an appeal, this will be referred to RCSI's Quality Enhancement Office.

10.1 Committee Structure

Membership of the Appeals Committee (the "Committee") for a particular case will be selected as deemed appropriate by the Executive Director and the Director of Quality Enhancement, depending on the nature of the individual case and the discipline being accredited. In all cases it shall be appropriate to have a public representative included in the membership of the Committee.

The Secretary for the Committee will be nominated by the Director of Quality Enhancement.

Chair: The Chair of each Appeals Committee will be appointed by the Director of Quality Enhancement of RCSI.

10.2 Power of Decision / Voting

A minimum of three individuals, including a public representative, will serve on the Committee. The Secretary will be in attendance to ensure the accurate recording and compliance with rules and regulations. There shall be only one decision of the Committee.

10.3 Matters for Appeal

The Appeals Committee shall have authority to hear the following appeals:

a) Appealing the conditions applied to a programme (8.4.2. c or 9.4.2.c);
b) Appealing the major revisions applied to a programme (8.4.2. d or 9.4.2.d);
c) Appealing a decision not to accredit and not to accept for resubmission (8.4.2. e);
d) Appealing a decision not to continue accreditation and not to accept for resubmission (9.4.2. e)

An appeal will be considered if there is evidence of apparent substantive procedural irregularity on the part of the IIOP and/or the Accreditation Review Team in any of the processes outlined above, i.e. evidence that the IIOP appears to have failed to have followed its own conventions or regulations properly, and which the Applicant reasonably believes may have had a bearing on the outcome of the decisions taken above.

An Applicant may appeal a decision if they possess new information relevant to any decision taken above, which was not available to the original decision makers when its decision was reached. An Applicant must have a valid reason for not having provided this evidence previously to the Accreditation Review Team.

10.4 Submitting an Appeal

An Applicant who wishes to appeal should submit their appeal in writing to quality@rcsi.ie within 14 days of the formal notification of the decision. There is a fee of €500.00 for an

appeal, refundable if an appeal is successful. The Director of Quality Enhancement will inform the IIOP's Executive Director within seven days that an appeal has been received.

10.5 Grounds to Proceed

The procedural grounds (or basis) upon which an appeal is considered suitable to proceed to a formal hearing, before an Appeal Committee, is a decision which will be made by the Director of Quality Enhancement.

The decision will be based on whether the appeal satisfies the criteria e.g. it relates to procedures rather than the questioning of professional or academic judgment of the Panel and *prima facie* evidence has been provided; or that *prima facie* evidence has been supplied to substantiate new information.

The Secretary will ensure that the Applicant is informed if an application to appeal has been granted or refused to proceed.

10.6 Procedures of Appeals Committee

Following the formation of the Appeals Committee, the Secretary will gather the relevant papers and documentation and may confer confidentially with any third party who may be of assistance to the appeal.

A copy of the written appeal, including any documentary evidence will be provided to the Committee.

All documentation provided to the Committee will also be provided to the Applicant.

A committee meeting will be convened and the Applicant informed of the date and time of the meeting.

The Applicant has the right to present their appeal at the hearing and will be invited to attend by the Secretary.

10.7 Formal Committee Hearing

The Chair of the Appeals Committee will attend to the following:

- Conduct introductions and explain the functions of the Committee
- Invite the Applicant to make a statement in their own words and allow members of the Committee to direct questions
- Invite any other person(s) who may be able to provide expert advice on specific aspects of the appeal to make a brief statement with members of the committee being allowed to ask questions after each statement. The Applicant will be invited, through the Chair, to ask questions
- Once satisfied that all parties have had a full opportunity to make statements and ask questions, invite the Applicant and advocates to withdraw
- Chair and facilitate discussion of the case and ask for a decision to be made
- Communicate the decision to the Applicant within a seven day timeframe
- Formally notify the Executive Director of the outcome

10.8 Powers of the Appeals Committee

The Appeals Committee may:

- Uphold the appeal. This may result in:
  - The removal or modification of the conditions or revisions
  - Convening a new Accreditation Review Team to review the application
- Seek further information and reconvene
- Reject the appeal.

10.9 Communication of Decision

The formal determination of the Appeals Committee will be given to the Appellant in writing by the Director of Quality Enhancement within seven days.

10.10 Confidentiality and Data Protection

A record of all decisions made under this Policy will be kept for eight years following the decision.

11.0 History, Review and Revision

This document will be reviewed regularly and in response to any critical incidents, taking into account learning and experiences from the previous year, including recommendations from the Accreditation Review Team.

12.0 References

- The Accreditation of Live Educational Events by the EACCME (1st January 2013). http://www.eaccme.eu/uemspdf/UEMS-2012-30.pdf accessed 10th April 2014
- The Accreditation of e-Learning Materials by the EACCME UEMS 2011/20 http://www.uems.eu/__data/assets/pdf_file/0019/1198/UEMS_2011_20.pdf accessed 10th April 2014
- PSI Interim Accreditation Standards for Seasonal Influenza Vaccination Training Programmes for Pharmacists. Revised version approved on 26 June 2012.