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### ACCREDITATION APPLICATION FORM

#### Please allow a minimum of 12 weeks for your application to be processed. It will not be processed unless all sections are completed; if a section is not applicable to your application please state ‘not applicable’.

**Please click the grey boxes and enter information**

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| **APPLICANT DETAILS** |
| **Name of organisation**  |       |
| **Address** |       |
| **Provide full contact details of any PR company, commercial company or other representative applying for accreditation on your behalf** |       |
| **Contact name**  |       |
| **Job title** |       |
| **Email address** |       |
| **Telephone number** |       |
| **Fax number** |       |
| **Company website** |       |

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| **ABOUT THE MATERIAL/EVENT/ONLINE PROGRAMME** |
| **What is the title?** |       |
| **What are you seeking accreditation for?**e.g. conference, event, course, programme, resource, e-learning etc.  |       |
| **Have you approached/worked with other accrediting organisations?****Please indicate if you have applied for or been granted accreditation from NICE or any other institution**  |       |
| **What is the start date?** |       |
| **What is the subject area?** |       |
| **What is the proposed level of study**?i.e. course, first degree, masters (if applicable) |       |
| **How many study hours will users be undertaking as learning activity?***Study hours are awarded for contact hours only (estimate on the basis of 7 hours = 1 day or 3 hours = half-day)* |  |
| **Does completion of the programme result in a qualification?**Provide details of any professional or educational qualifications that users receive on successful completion of the programme |  |
| **Where is the programme taking place?**State all venues, including any International locations - and state whether the programme is to be offered as online/e-learning |       |

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| **RECORD OF ACHIEVEMENT** |
| **Do you wish to issue CMHP certificates of attendance?**  | **[ ] YES [ ]  NO**  |
| **How many CMHP certificates do you require?** ***There are 100 inclusive certificates*** |       |

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| **INVOICING INFORMATION**  |
| **Finance contact name** |       |
| **Finance email address** |  |
| **Finance postal address** |       |
| **Finance telephone number** |       |
| **Any reference that needs to be quoted on the invoice**  |       |
| **Is a purchase order number required?****Purchase order number if required** | **[ ] YES [ ] NO**      |

**Please show how the standards are met by providing evidence against each standard in the tables below**

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| 1. **Programmes Developed are Consistent With CMHP Strategy**
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| Our charitable objective is:**“To advance education in the practice of mental health pharmacy and to promote and disseminate research for the public benefit, in all aspects of that subject”****Aims:**1. To support, develop and encourage the safe, effective and economical use of medicines for people with mental health problems.
2. To recognise advanced levels of practice through accreditation of our members and inform the wider process of credentialing within pharmacy as a whole.
3. To ensure the sharing of good practice and learning and to identify and prioritise areas for audit, research and development at local and national level.
4. Enhance the awareness of mental health problems and their management in all care sectors.
5. To ensure the future of the College of Mental Health Pharmacy as a charitable organisation.

**Objectives:**1. a. Sustain current educational events and resources to develop skill base and knowledgeb. To identify further education and training needs related to safer prescribing of mental health medicinesc. Provide clinical expertise to policy and guideline developmentd. To support development of specialist groups within mental health pharmacy practicee. To lead on the development of standards for pharmacy services such as medicines management/optimisation
2. a. Accreditation of CMHP membersb. Involvement in the development of the national pharmacy credentialing systemc. Involvement in the development of undergraduate and postgraduate pharmacy curricula
3. a. Reduce the inappropriate prescribing of psychotropic medicines OR to promote best practice in prescribing psychotropic medicines

b. Develop research activity and expertise in the membershipc. Disseminate good practice via the CMHP website and other media1. a. Engage with other organisations to support and enable their skills and knowledge development and engender awareness and collaborationb. Engage with the media to provide information about mental health problems and their treatments
2. a. Maintain communication with membershipb. Increase membership from other pharmacy care sectorsc. Ensure financial sustainabilityd. Comply with all aspects pertaining to charitable status
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|  | **Explain how this application supports the CMHP strategy**Describe the relevance of the application to mental health pharmacy  |       |

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| **The CMHP can only accredit training on branded product(s) or device(s) where the NHS Trust/employer has already purchased the drug(s), product(s) or device(s). For applications other than device training, if there is reference to a branded or generic product(s), other comparable product(s) should also be referenced.** |
|  | **CMHP accreditation can only be provided post-purchase, i.e. where the NHS Trust/employer has already purchased the branded drug(s), product(s) or device(s).** Are you providing training on a branded product or device?  | **[ ] YES [ ] NO** |
| Does the content refer to a branded drug, product or device? If so, have you also included reference to other comparable products? | **[ ] YES [ ] NO** |
| **Confirm where appropriate that the content of the application adheres to:** |
| * Association of British Healthcare Industries (ABHI) Code of Practice
 | **[ ]  ABHI Code of Practice** |
| * The Association of British Pharmaceutical Industries (ABPI) Code of Practice (2008)
 | **[ ]  ABPI Code of Practice (2008)** |
| * Other relevant health and social care codes of practice
 | **[ ]  Other (state what these are):**      |

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| 1. **Evidence Base**
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| **What evidence supports the need for this application?** |
|  | Describe what evidence supports your application |       |
|  | State how this evidence has been used to develop your application  |       |
|  | State how evidence of monitoring and evaluation activity has been used for the purpose of quality assurance/improvement |       |
|  | **You will need to use the Harvard system of referencing. Please confirm that this has been applied** | **[ ] YES [ ] NO** |

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| 1. **Intellectual Property Rights (IPR) and Copyright Issues**
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| **How have Intellectual Property Rights (IPR) and copyright issues been observed?** |
|  | **State what copyright ownership and authorship arrangements have been agreed**  |       |
|  | **State where appropriate how permission has been obtained to use any relevant materials/resources** |       |

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| 1. **United Kingdom, European and International Applicability**
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| **How have programmes been considered for UK, European and international healthcare markets?** |
|  | **Design and Implementation**Describe, if appropriate, how **UK (including Wales, Scotland and Northern Ireland)** involvement has been considered in the design and implementation process  |       |
|  | **Design and Implementation** Describe, if appropriate, how **European/International** involvement has been considered in the design and implementation process  |       |
|  | **Evaluation and Quality Assurance** Describe, if appropriate, how **UK (including Wales, Scotland and Northern Ireland)** involvement has been considered in matters relating to ongoing evaluation and quality assurance |       |
|  | **Evaluation and Quality Assurance** Describe, if appropriate, how **European/International** involvement has been considered in matters relating to ongoing evaluation and quality assurance |       |
|  | **Development/Support of Mental Health Pharmacy** Describe, how the content of the Programme embraces the development support of pharmacy in the **UK (including Wales, Scotland and Northern Ireland)** |       |
|  | **Development/Support of Mental Health Pharmacy**Describe, how the content of the programme embraces the development/support of pharmacy in **Europe/Internationally**  |       |

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| 1. **Programme Content**
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| **Value** |
| **What is the value of the programme?** |
|  | Explain, if appropriate, how the programme will contribute to: (a) the development of your organisation (b) the development of the individual | (a)      (b)       |
|  | Explain, where appropriate, how other specific standards/resources have been used to inform the programme |       |
|  | Explain how the programme will meet the needs of the user |       |
|  | **Who are the target audience?** Describe the target audience with reference (if appropriate) to prerequisite professional and/or educational qualifications and practice experience  |       |
|  | **How is the content relevant to the target audience?**Describe, where appropriate, how market research has been used to inform the relevance of the programme to the target audience |       |
|  | **What is the stated purpose of the programme?**Briefly describe the overarching purpose of the programme |       |
|  | **What are** **the aims of the programme?**Describe the rationale/explanation underpinning the development of the programme  |       |
|  | **Content of the programme**Describe the focus of the content of the programme |       |
| **Key Learning Outcomes**Learning outcomes should provide resource users with a focus and inform them about what they can expect to achieve or gain as a result of undertaking this learning. Please describe the intended learning outcomes (i.e. specific skills, behaviours or knowledge it is anticipated the participants will acquire as a result of using the programme). Learning outcomes are best written using action verbs. |
|  | **What are the key learning outcomes for the programme?** | *(For example outline/identify/discuss/evaluate/contribute/assess etc.)* |
|  | Participants will be able to: |       |
|  | **How are learning outcomes measured?**Describe what processes are in place to monitor/measure outcomes (where appropriate) |       |
| **Assessment of Learning**CMHP accreditation refers to the learning and development content of the programme. While a learner may demonstrate desired skills at the end of training, it is not possible to assess and certify competence of any individual practitioner.  |
|  | **Is there any formal assessment of learning included with this programme?** | **[ ] YES [ ] NO** |
| If yes, provide details , including details of any pass/fail criteria |  |
| Is it clearly indicated in the programme that the CMHP cannot confirm competence of any practitioner? | **[ ] YES [ ] NO** |
|  | **Is the assessment relevant to the content of the programme?**Describe how the assessment of the programme relates to the programme content | **[ ] YES [ ] NO** |

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| 1. **Equality, Diversity and Human Rights**
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| **How have programmes been considered in relation to equality, diversity and human rights?** |
|  | **Demonstrate how the application meets the requirements of the Equality Act (2010) and anti-discriminatory legislation (Northern Ireland)** |       |
|  | **Demonstrate how equality of opportunity and access to programmes have been considered**  |       |
|  | **Demonstrate how best practice in the promotion of equality, diversity and human rights has been applied in the development, implementation and evaluation of the programme** |       |
|  | **Describe the different approaches used in assuring equality, diversity and human rights based on the outcomes of the equality impact assessment** |       |

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| 1. **Health and Safety**
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| **How has health and safety legislation been considered?** |
|  | **State the risk owner of the programme** |  |
|  | Describe how any health and safety legislation that pertains to the programme has been incorporated within the overall design of the programme  |  |
| Describe how any patient safety or other health risks/hazards associated with the programme have been identified and mitigated |  |
|  | Describe what process is in place for raising concerns about the programme |  |

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| 1. **Risk Management**
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| **Mental health Pharmacy education must be consistent with *The code: Standards of conduct, performance and ethics for Pharmacists* (GPhC)** |
|  | Describe the risk management process that is in place |  |
|  | Describe how any operational risks associated with the programme have been identified and mitigated |  |
|  | Describe the process for users to provide feedback on the programme  |  |

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| 1. **Programme Review and Evaluation**
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| **How will programmes be evaluated and reviewed?** |
|  | Provide the name and job title of the persondesignated to co-ordinate/project-manage the programme development and ongoing review process  |       |
|  | Describe the system in place for ensuring programme quality assurance, monitoring and review, including **review date** |       |
|  | Describe the system for recording/managing the evaluation/review outcomes and recommendations  |       |
|  | Describe how risk mitigation continues to inform the life cycle evaluation of the programme |       |

### College of Mental Health Pharmacy

### ACCREDITATION APPLICATION FORM CONFIRMATION

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| **CONFIRMATION OF AGREEMENT** |
| We hereby apply for accreditation subject to the Terms and Conditions of Business of the CMHP, which you have provided to us and which we have read and understood.  | [ ]  |
| We enclose payment of the accreditation fee. | [ ]  |
| **Signed by:****Name (please print):****Date:** |            |