

Introduction to Re-Accreditation

Your Accuracy Checking Dispensing Assistant's certificate from Buttercups will be valid for two years. At the end of that period you should have your qualification re-accredited to demonstrate your continued competence.

To re-accredit with Buttercups you must keep an on-going log of any final accuracy checking errors you make during this period. Any error that is made must then be reflected upon and recorded using the CPD cycle. You must also ensure that you are maintaining your competence by checking for a minimum of 8 hours per month.

In order to help you re-accredit we have devised the following workbook for you to record all your evidence over this two year period. The relevant pages can then be submitted to Buttercups as you approach the expiry of your current certificate. A workplace supervisor will also have to counter-sign your booklet, this could be a supervising pharmacist or GP depending on your circumstances.



This workbook is used to re-accredit dispensing assistants to carry out the final accuracy check of dispensed items that have been clinically approved prior to the dispensing process. It does not encompass aseptic dispensing, self-checking of own dispensing or pre-packing. The process is also dependent upon standard operating procedures being in place.

We are also able to re-accredit if you have had a break in your checking for any reason or if you have changed your workplace. In each of these circumstances there is a protocol to follow to ensure continued competence at completing the accuracy check. More information on this is given in the Frequently Asked Questions in the next section.

Checking Logs

If you have not checked for a minimum of 8 hours per month due to your circumstances such as sickness, maternity or a different job role, then you will need to complete a checking log to cover the months in your re-accreditation workbook when you have recorded less than 8 hours checking. Please note that if you fall below the 8 hours per month on another occasion, then an additional checking log will also need to be provided for this other occasion.

The checking log should consist of a number of items, each checked item must be double checked by a pharmacist, qualified accuracy checker or GP, and must be recorded in the log.

The number of items in the log will depend on the period of time that has elapsed since you last checked over 8 hours per month, see table 1 below.

Period of time that has elapsed since you last checked	Number of items to record in checking log
Up to 6 months	100 items
6-12 months	200 items
13-24 months	500 items

Table 1

Use the form available in appendix RA1 at the back of this pack if you need to complete a checking log. Please photocopy the page as many times as required before using it. The pages should then be fastened together to make a portfolio which will need to be submitted to Buttercups as part of the re-accreditation process.

Frequently Asked Questions

What if I have changed working environment during my 2 years?

If you change jobs or you are moved to a different location within the same company it is possible that the checking SOP will have changed. It is also possible that the type of prescriptions or the drugs you are checking will be different.

If the SOP or checking environment has changed then you will need to familiarise yourself with the new procedures and location. To do this we will ask for a 200 item checking log to demonstrate when you have had your work double checked by another qualified accuracy checker, pharmacist or GP.

Again use the form in Appendix RA1 at the back of this pack to record the items that have been double checked. Please photocopy the page as many times as required before using it. The pages should then be fastened together to make a portfolio which will need to be submitted to Buttercups as part of the re-accreditation process.

What if your certificate has already expired?

If your certificate has already expired then you will need to complete a checking log in addition to the normal re-accreditation process. You will also need to complete a second application form to cover the additional months from the time your certificate expired to the present.

Again use the form in Appendix RA1 at the back of this pack to record the items that have been double checked. Please photocopy the page as many times as required before using it. The pages should then be fastened together to make a portfolio which will need to be submitted to Buttercups as part of the re-accreditation process.

The time elapsed since your certificate expired will determine the amount of items required in your checking log. If it is within 2 years of the expiry date stated on your certificate then consult the table 2 below to see how many items you will need to record in your checking log to be able to re-accredit.

Once a period of greater than 2 years from the expiry date on your certificate has elapsed you will need to complete the qualification from the beginning, the framework no longer allows you to be re-accredited.

Time since certificate expired	Number of items in checking log
Up to 6 months	100 items
6-12 months	200 items
13-24 months	500 items
Over 24 months	N/A

Table 2

What if I make an error when completing an additional checking log?

If it is a serious error then you must reflect on this error and complete an unplanned CPD record. After this period of reflection restart the checking log from the beginning and submit both logs for re-accreditation.

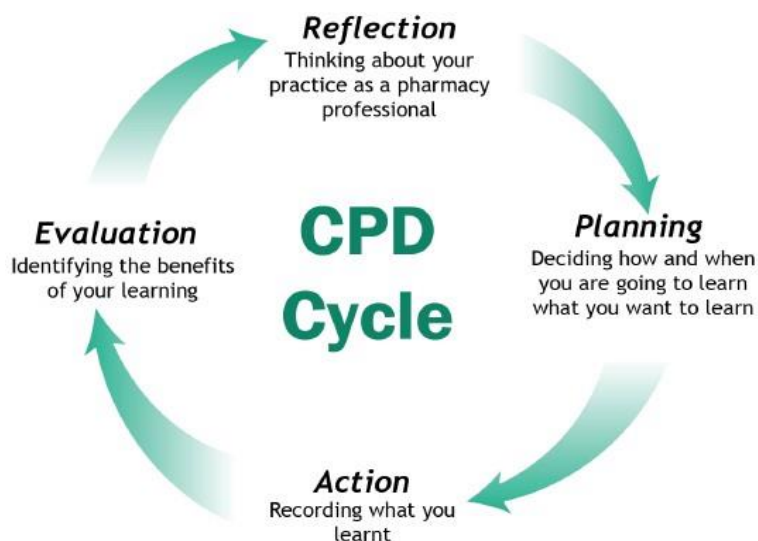
If you subsequently make a second serious error then please contact Buttercups Training for further advice. One minor error is permitted using the checking logs but two or more will require you to start the checking log again as if you had made a serious error.

Continued Professional Development

What is continuing Professional Development (CPD)?

Continuing Professional Development is defined as everything that you learn which makes you better at doing your job. It is seen as a four stage process involving reflection on practice, planning, action and evaluation.

Some CPD will start at the reflection stage when you will have decided you have a learning need, these would be considered "Planned CPD". Other CPD may be as a result of something that just occurred but you learnt from it, called "Unplanned CPD".



We have provided space in the workbook each month to record the CPD topics that you have completed. Note there is no need to write your full CPD entry in the workbook, you can use your company CPD forms or the Buttercups forms in Appendix RA4 for Unplanned CPD and Appendix RA5 for Planned CPD. Just remember to photocopy the template before you use it!

Within your CPD, we will expect to see that the entries are related to your pharmacy practice. Therefore, now that you are accuracy checking you will need to make entries that reflect this responsibility. One of the best ways to do this is to create a CPD entry when you have made an error...nothing could be more relevant to your learning or your practice!

Do I need to submit Continuing Professional Development (CPD) Records?

It is required to keep 4 CPD records per year for your role to show you are keeping up to date. Two of these should be planned learning and two should be unplanned learning. However you only need to submit CPD records for re-accreditation that reflect on any checking errors which have been recorded.

Peer Discussion

What is a Peer Discussion?

A peer discussion is a great way to discuss your practice and help you to gain insight which may lead to changes or improvements. The peer discussion should be with someone who understands your role and they can be face to face or over the phone. You may also take part in a group peer discussion.

They should not be seen as feedback, rather a means to explore what we do and why we do it. Is there a better way to deal with a task or situation, do others perceive us in a different way, can we learn from our peer(s) or can they learn from us.

To provide evidence for your portfolio we would ask that you participate in a peer discussion which is based on a topic related to accuracy checking. For example you could discuss with a colleague or your dispensary team the near miss log, or you may wish to discuss what happened if you have made a dispensing error.

Your discussion should then be written up using the template form in Appendix RA6, which is based on the GPhC requirements for peer discussion.

Should you need any further advice on any re-accreditation issues then please contact us here at Buttercups on 0115 937 4936 or email checkingqueries@buttercups.co.uk

Re-accreditation Log

for Accuracy Checking Dispensing Assistants

Month 1	Month:	year:
Number of hours checking completed this month:		
Number of checking errors that you have made this month:		
<i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your reaccreditation application</i>		
Please write here the name(s) of any CPD entries you have made this month		

Have you changed your work environment this month?	Yes / No
Does your new work environment have a different SOP or different speciality?	Yes / No
If you answered yes to BOTH of these questions: <ul style="list-style-type: none"> You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details) Please sign here to indicate you have read the new SOP 	

Accuracy Checking Assistant's Name:	
Signature <i>I confirm this information is accurate</i>	
Date:	

Your supervisor's name:	
Supervisor's Signature <i>I confirm this information is accurate</i>	
Date:	
GPhC/ GMC Registration Number:	

Re-accreditation Log

for Accuracy Checking Dispensing Assistants

Month 2	Month:	year:
Number of hours checking completed this month:		
Number of checking errors that you have made this month:		
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Please write here the name(s) of any CPD entries you have made this month		

Have you changed your work environment this month?	Yes / No
Does your new work environment have a different SOP or different speciality?	Yes / No
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Re-accreditation Log

for Accuracy Checking Dispensing Assistants

Month 3	Month:	year:
Number of hours checking completed this month:		
Number of checking errors that you have made this month:		
<i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your reaccreditation application</i>		
Please write here the name(s) of any CPD entries you have made this month		

Have you changed your work environment this month?	Yes / No
Does your new work environment have a different SOP or different speciality?	Yes / No
If you answered yes to BOTH of these questions: <ul style="list-style-type: none"> You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details) Please sign here to indicate you have read the new SOP 	

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Re-accreditation Log

for Accuracy Checking Dispensing Assistants

Month 4	Month:	year:
Number of hours checking completed this month:		
Number of checking errors that you have made this month:		
<i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your reaccreditation application</i>		
Please write here the name(s) of any CPD entries you have made this month		

Have you changed your work environment this month?	Yes / No
Does your new work environment have a different SOP or different speciality?	Yes / No
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Re-accreditation Log

for Accuracy Checking Dispensing Assistants

Month 5	Month:	year:
Number of hours checking completed this month:		
Number of checking errors that you have made this month:		
<i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your reaccreditation application</i>		
Please write here the name(s) of any CPD entries you have made this month		

Have you changed your work environment this month?	Yes / No
Does your new work environment have a different SOP or different speciality?	Yes / No
If you answered yes to BOTH of these questions: <ul style="list-style-type: none"> You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details) Please sign here to indicate you have read the new SOP 	

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Re-accreditation Log

for Accuracy Checking Dispensing Assistants

Month 6	Month:	year:
Number of hours checking completed this month:		
Number of checking errors that you have made this month:		
<i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your reaccreditation application</i>		
Please write here the name(s) of any CPD entries you have made this month		

Have you changed your work environment this month?	Yes / No
Does your new work environment have a different SOP or different speciality?	Yes / No
If you answered yes to BOTH of these questions: <ul style="list-style-type: none"> You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details) Please sign here to indicate you have read the new SOP 	

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Re-accreditation Log

for Accuracy Checking Dispensing Assistants

Month 7	Month:	year:
Number of hours checking completed this month:		
Number of checking errors that you have made this month:		
<i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your reaccreditation application</i>		
Please write here the name(s) of any CPD entries you have made this month		

Have you changed your work environment this month?	Yes / No
Does your new work environment have a different SOP or different speciality?	Yes / No
If you answered yes to BOTH of these questions: <ul style="list-style-type: none"> You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details) Please sign here to indicate you have read the new SOP 	

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Re-accreditation Log

for Accuracy Checking Dispensing Assistants

Month 8	Month:	year:
Number of hours checking completed this month:		
Number of checking errors that you have made this month:		
<i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your reaccreditation application</i>		
Please write here the name(s) of any CPD entries you have made this month		

Have you changed your work environment this month?	Yes / No
Does your new work environment have a different SOP or different speciality?	Yes / No
If you answered yes to BOTH of these questions: <ul style="list-style-type: none"> You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details) Please sign here to indicate you have read the new SOP 	

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Re-accreditation Log

for Accuracy Checking Dispensing Assistants

Month 9	Month:	year:
Number of hours checking completed this month:		
Number of checking errors that you have made this month:		
<i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your reaccreditation application</i>		
Please write here the name(s) of any CPD entries you have made this month		

Have you changed your work environment this month?	Yes / No
Does your new work environment have a different SOP or different speciality?	Yes / No
If you answered yes to BOTH of these questions: <ul style="list-style-type: none"> You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details) Please sign here to indicate you have read the new SOP 	

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Re-accreditation Log

for Accuracy Checking Dispensing Assistants

Month 10	Month:	year:
Number of hours checking completed this month:		
Number of checking errors that you have made this month:		
<i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your reaccreditation application</i>		
Please write here the name(s) of any CPD entries you have made this month		

Have you changed your work environment this month?	Yes / No
Does your new work environment have a different SOP or different speciality?	Yes / No
If you answered yes to BOTH of these questions: <ul style="list-style-type: none"> You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details) Please sign here to indicate you have read the new SOP 	

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Re-accreditation Log

for Accuracy Checking Dispensing Assistants

Month 11	Month:	year:
Number of hours checking completed this month:		
Number of checking errors that you have made this month:		
<i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your reaccreditation application</i>		
Please write here the name(s) of any CPD entries you have made this month		

Have you changed your work environment this month?	Yes / No
Does your new work environment have a different SOP or different speciality?	Yes / No
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Date:	
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Re-accreditation Log

for Accuracy Checking Dispensing Assistants

Month 12	Month:	year:
Number of hours checking completed this month:		
Number of checking errors that you have made this month:		
<i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your reaccreditation application</i>		
Please write here the name(s) of any CPD entries you have made this month		

Have you changed your work environment this month?	Yes / No
Does your new work environment have a different SOP or different speciality?	Yes / No
If you answered yes to BOTH of these questions: <ul style="list-style-type: none"> You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details) Please sign here to indicate you have read the new SOP 	

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Re-accreditation Log

for Accuracy Checking Dispensing Assistants

Month 13	Month:	year:
Number of hours checking completed this month:		
Number of checking errors that you have made this month:		
<i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your reaccreditation application</i>		
Please write here the name(s) of any CPD entries you have made this month		

Have you changed your work environment this month?	Yes / No
Does your new work environment have a different SOP or different speciality?	Yes / No
If you answered yes to BOTH of these questions: <ul style="list-style-type: none"> You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details) Please sign here to indicate you have read the new SOP 	

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Re-accreditation Log

for Accuracy Checking Dispensing Assistants

Month 14	Month:	year:
Number of hours checking completed this month:		
Number of checking errors that you have made this month:		
<i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your reaccreditation application</i>		
Please write here the name(s) of any CPD entries you have made this month		

Have you changed your work environment this month?	Yes / No
Does your new work environment have a different SOP or different speciality?	Yes / No
If you answered yes to BOTH of these questions: <ul style="list-style-type: none"> You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details) Please sign here to indicate you have read the new SOP 	

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Re-accreditation Log

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Month 15	Month:	year:
Number of hours checking completed this month:		
Number of checking errors that you have made this month:		
<i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your reaccreditation application</i>		
Please write here the name(s) of any CPD entries you have made this month		

Have you changed your work environment this month?	Yes / No
Does your new work environment have a different SOP or different speciality?	Yes / No
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Re-accreditation Log

for Accuracy Checking Dispensing Assistants

Month 16	Month:	year:
Number of hours checking completed this month:		
Number of checking errors that you have made this month:		
<i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your reaccreditation application</i>		
Please write here the name(s) of any CPD entries you have made this month		

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Re-accreditation Log

for Accuracy Checking Dispensing Assistants

Month 17	Month:	year:
Number of hours checking completed this month:		
Number of checking errors that you have made this month:		
<i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your reaccreditation application</i>		
Please write here the name(s) of any CPD entries you have made this month		

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Re-accreditation Log

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Month 18	Month:	year:
Number of hours checking completed this month:		
Number of checking errors that you have made this month:		
<i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your reaccreditation application</i>		
Please write here the name(s) of any CPD entries you have made this month		

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Re-accreditation Log

for Accuracy Checking Dispensing Assistants

Month 19	Month:	year:
Number of hours checking completed this month:		
Number of checking errors that you have made this month:		
<i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your reaccreditation application</i>		
Please write here the name(s) of any CPD entries you have made this month		

Have you changed your work environment this month?	Yes / No
Does your new work environment have a different SOP or different speciality?	Yes / No
If you answered yes to BOTH of these questions: <ul style="list-style-type: none"> You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details) Please sign here to indicate you have read the new SOP 	

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Supervisor's Signature <i>I confirm this information is accurate</i>	
Date:	
GPhC/ GMC Registration Number:	

Re-accreditation Log

for Accuracy Checking Dispensing Assistants

Month 20	Month:	year:
Number of hours checking completed this month:		
Number of checking errors that you have made this month:		
<i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your reaccreditation application</i>		
Please write here the name(s) of any CPD entries you have made this month		

Have you changed your work environment this month?	Yes / No
Does your new work environment have a different SOP or different speciality?	Yes / No
If you answered yes to BOTH of these questions: <ul style="list-style-type: none"> You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details) Please sign here to indicate you have read the new SOP 	

Accuracy Checking Assistant's Name:	
Signature <i>I confirm this information is accurate</i>	
Date:	

Your supervisor's name:	
Supervisor's Signature <i>I confirm this information is accurate</i>	
Date:	
GPhC/ GMC Registration Number:	

Re-accreditation Log

for Accuracy Checking Dispensing Assistants

Month 21	Month:	year:
Number of hours checking completed this month:		
Number of checking errors that you have made this month:		
<i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your reaccreditation application</i>		
Please write here the name(s) of any CPD entries you have made this month		

Have you changed your work environment this month?	Yes / No
Does your new work environment have a different SOP or different speciality?	Yes / No
If you answered yes to BOTH of these questions: <ul style="list-style-type: none"> You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details) Please sign here to indicate you have read the new SOP 	

Accuracy Checking Assistant's Name:	
Signature <i>I confirm this information is accurate</i>	
Date:	

Your supervisor's name:	
Supervisor's Signature <i>I confirm this information is accurate</i>	
Date:	
GPhC/ GMC Registration Number:	

Re-accreditation Log

for Accuracy Checking Dispensing Assistants

Month 22	Month:	year:
Number of hours checking completed this month:		
Number of checking errors that you have made this month:		
<i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your reaccreditation application</i>		
Please write here the name(s) of any CPD entries you have made this month		

Have you changed your work environment this month?	Yes / No
Does your new work environment have a different SOP or different speciality?	Yes / No
If you answered yes to BOTH of these questions: <ul style="list-style-type: none"> You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details) Please sign here to indicate you have read the new SOP 	

Accuracy Checking Assistant's Name:	
Signature <i>I confirm this information is accurate</i>	
Date:	

Your supervisor's name:	
Supervisor's Signature <i>I confirm this information is accurate</i>	
Date:	
GPhC/ GMC Registration Number:	

Re-accreditation Log

for Accuracy Checking Dispensing Assistants

Month 23	Month:	year:
Number of hours checking completed this month:		
Number of checking errors that you have made this month:		
<i>Please record any errors on the log in appendix RA2 and write an unplanned CPD entry based on your Learning. This CPD entry will need to be printed off and returned to Buttercups when you submit your reaccreditation application</i>		
Please write here the name(s) of any CPD entries you have made this month		

Have you changed your work environment this month?	Yes / No
Does your new work environment have a different SOP or different speciality?	Yes / No
If you answered yes to BOTH of these questions: <ul style="list-style-type: none"> You will need to complete a 200 item checking log detailing the items which have been second checked. Please record this using the form provided in appendix RA1. (See FAQ section at the start of booklet for more details) Please sign here to indicate you have read the new SOP 	

Accuracy Checking Assistant's Name:	
Signature <i>I confirm this information is accurate</i>	
Date:	

Your supervisor's name:	
Supervisor's Signature <i>I confirm this information is accurate</i>	
Date:	
GPhC/ GMC Registration Number:	

Re-accreditation Log

for Accuracy Checking Dispensing Assistants

Month 24



**Please fill in all your re-accreditation paperwork
(on the next three pages) and return it to Buttercups Training
two to three weeks before your current certificate expires!**

Application Form Re-accreditation Log

Name of Accuracy Checking Dispensing Assistant:

Date of Last Certificate:

Signature:

Email Address:

Employer name:	
Workplace / Branch address:	
	Post code:
Tel:	Fax:

Please see the checklist on the next page and ensure all boxes are filled out to avoid delays

[illegible]

Supporting Pharmacist / Supervisor's Declaration

I confirm that:

- The candidate has understood and followed SOPs at all times during this re-accreditation period
- The candidate continues to undertake the accuracy checking role in an accurate, timely and professional manner
- The table above is an accurate record of their workbook

Print Name

Signature

Registration number

Date

Application Form checklist Part 1

1. Have you performed a minimum of 8 hours checking every month during the 23 months? **If not**, have you submitted a checking log with the required number of items to cover each instance when you have not completed the minimum hours required? (Recorded on Appendix RA1 forms)

Candidate Signature	Supervisor Signature

2. Have you recorded all checking errors that you have made during the 23 months and recorded each incident on the Appendix RA2 form? For each error you must also submit a copy of your corresponding CPD entry.

If no errors are made, enter a zero for that month, do not leave any boxes blank.

Candidate Signature	Supervisor Signature

3. Have you recorded a minimum of 8 CPD entries during the 23 months on the application form? (There must be a minimum of 8 (4 per year) to meet the requirements)

Candidate Signature	Supervisor Signature

4. Have you changed your workplace and / or environment during the 23 months, where you had needed to use a different S.O.P. / working practice? If so, have you completed and submitted a checking log for each instance this occurred using the Appendix RA1 forms?

If you have not changed workplace, please enter N, do not leave any of the boxes empty.

Candidate Signature	Supervisor Signature

5. Has your current certificate expired? If so, have you completed and submitted a checking log with the required number of items, to cover the gap between the expiry date and now?

(Recorded on Appendix RA1 forms)

Candidate Signature	Supervisor Signature

Application Form Checklist Part 2

Your completed application form

- ☐ A copy of your Accuracy Checking certificate*
- ☐ A copy of any previous re-accreditation certificates (issued since your original certificate)*
- ☐ Appendix RA2 – Details of any checking errors you have made and your reflections
- ☐ A copy of any Continuing Professional Development (CPD) entries that relate to any checking error you have made
- ☐ A record of a peer discussion during your re-accreditation period (Appendix RA6)
- ☐ Any checking portfolios you have had to complete due to a break in your checking role or a change of working environment (Appendix RA1)

***All copies of certificates should be certified as genuine copies by the supervisor signing your application pack**

- ☐ In addition the cost for re-accreditation is £30+VAT**. You must return payment with your application to enable us to issue your certificate. Cheques should be made payable to "Buttercups Training Ltd"

Or

- ☐ If your employer is paying this fee, please forward the completed application to them to be countersigned below and we will invoice them directly.

****An additional £15 administration fee may be charged if the application is incomplete and needs to be returned.**

Employer Details

I can confirm that is employed and that their employer will pay the cost for re-accreditation which is £30+VAT

Your Name

Your Role

Signature.....

Date

Invoice Address (if different from workplace address listed in application pack)

Invoicing name and address:	
	Post code:
Tel:	Fax:

Appendix RA1 Log of Checked Items

Please photocopy this form for future use.

Remember to review your checking SOP before starting a checking log

Name:

Address:

[illegible]

Appendix RA2 Details of Checking Errors Made

Please photocopy this form for future use.

Name:

Address:

Item No.		Date		Serious Error or Less Serious Error		Error Code	
Details of Error (include drug name and a description of the error)				Reason why the dispensing error occurred			
Reason why you failed to spot the error				Action taken to prevent error re-occurring			
Potential impact of error on the patient				Date of CPD entry regarding this error			
				Signature of supervisor / pharmacist			

Appendix RA3 Error Codes

Serious Errors

Incorrect label:

- Drug name - A
- Drug form - B
- Drug strength - C
- Patient name/bag label - D
- Directions - E
- Missing/inappropriate BNF warnings - F
- Quantity - G

Incorrect contents:

- Drug - H
- Drug form - I
- Drug strength - J
- Quantity - K
- Expired contents - L

Other:

- Missing or incorrect PIL - M
- Missing medication - N
- Missing clinical check - O
- Missing item sundry - Oa

Less Serious Errors

Incorrect label:

- Cost code/ Ward (if required) - P
- Batch number (if required) - Q
- Spelling - R
- Missing or incorrect additional warnings (not BNF warnings) - S
- Incorrect Expiry date - T

Other:

- Incorrect container or closure - U
- Missing 5ml spoon - V
- Missing owing information - W
- Missing checking signature - X

Should you need any further advice on any re-accreditation issues then please contact us here at Buttercups on 0115 9374936 or email checkingqueries@buttercups.co.uk

Appendix RA4 Unplanned CPD Records

Remember to keep blank copies of this form for subsequent records

Date learning need identified	
Name of entry	

Unplanned CPD

U1: Describe an event or activity that enabled you to learn something new or improve your knowledge, skills or behaviours? (please do not include any confidential information)

--

U2: Record what you learnt as a result of the event or activity described above.

--

U3: Explain how this learning will benefit the people who use your services. Include any feedback you have had from other people as a result of the change.

--

Appendix RA5 Planned CPD Records

Remember to keep blank copies of this form for subsequent records

Date learning need identified	
Name of entry	

Planned CPD

P1: What are you planning to learn?

It could be a new skill, knowledge or approach to your job role.

P2: Why was the learning relevant to your role and how will it benefit the people using your services?

P3: Explain how you completed this learning. (What did you do?)

P4: Give an example of how this learning has benefited the people using your services.

Appendix RA6 Peer Discussion Record

Please record the details of your peer discussion on this form. If you took part in a group discussion then please only provide the details from one person in the group. Please do not record any confidential details.

Date of Discussion	
Name of peer	
Their Role	
Their contact phone number	
Their signature	

PD1: Provide an outline of the topic for the peer discussion and why you chose this peer to discuss it with.

--

P2: Describe how your peer discussion helped you to reflect on and make improvements to your practice.

--

P3: Give an example of how you have changed your practice as a result of making these changes.

--