ACCREDIT IT
THE COMPLETE ACCREDITATION MANUAL FOR COMMUNITY PHARMACIES

Dear Pharmacist

Accredit it© Manuals

Pharmacists and their pharmacies have to comply with the standards and requirements of the "Good Pharmacy Practice" (GPP) guidelines of the SA Pharmacy Council, pertaining to Section 35A(b)(ii) of the Pharmacy Act, 1974 (*Act 53 of 1974),* as amended.

Accredit it© is a tool to assist Pharmacists in complying with all the relevant requirements regarding their pharmacy services and premises. Accredit it© is tailored to each individual pharmacy.

It comprises the following sections:

- **STANDARDS:** A quick reference guide to the important aspects of the "Good Pharmacy Practice" document, with which the responsible pharmacist (RP) and the pharmacy have to comply;

- **POLICIES AND STANDARD OPERATING PROCEDURES (SOPs):** A compilation of policies and SOPs that pharmacists must follow in their pharmacy. These proposed SOPs contain the necessary steps which need to be taken during a specific process but should be used as a starting document for the RP, which they need to amend and tailor-make to suit their unique circumstances in the pharmacy;

- **QUALITY ASSURANCE:** An "Audit Checklist" that should be utilised as an assessment tool to measure whether the RP and their facility comply with all the relevant specifications in the GPP. Such assessment should be conducted initially to identify all the "Not-yet-competent" areas. If any are identified, implement corrective action to achieve compliance in those areas. After that, such an audit should be conducted regularly (e.g., quarterly) to ensure continued maintenance of standards and compliance;

- **FORMS:** Lastly, this tool provides several standardised forms, which the RP could use (also after adaptation to their pharmacy) to save time and facilitate specific processes required by the GPP (e.g., an "Adverse Drug Reaction" report form).

To purchase an Accredit it© manual with an electronic copy:

- R2 600.00 (incl. Vat.) or
- Discount to qualifying S Buys Wholesale customers (contact Academy for price) or
- Discount to applicants applying for 10 or more pharmacies (contact Academy for price).

Annual updates are available by March of each year @ R180 per annum. We will email a reminder for the annual update in March. The RP must inform the S Buys Academy if email addresses and cellphone/telephone numbers change to keep on receiving annual communication. The first annual update is included in the purchase fee.

Best regards

Estelle Victor

Executive Manager: S Buys Academy

Initial:

Accredit it© Order Form: Community Pharmacy

INFORMATION TO BE PRINTED IN THE MANUAL:

(Please note that cell phone numbers and email addresses are very important)

Name of Pharmacy	
Pharmacy SAPC Registration No.	Y
Pharmacy Address (Physical)	Postal Code:
Telephone No:	WhatsApp No:
Mobile No:	
Email address:	
S Buys Wholesaler Customer Account No (if applicable):	

DELIVERY DETAILS:

(Please allow 10 working days from the date of receipt of payment for delivery)

Inspection date: If applicable	
Delivery Address:	
Delivery Contact Person:	
Telephone No:	Mobile No:

BANKING DETAILS:

Name of account:	S Buys Academy
Bank:	FNB – 250655
Account number:	63177410974(CHQ account)
Reference:	Pharmacy Y-number

INVOICING DETAILS:

(If an invoice is required before payment, please complete the table below)

Company Name:			
Contact Person:			
Vat Reg. No:		Company Reg. No:	
Tel Number:	Email:		
Physical or Postal Address of Company: (If different from pharmacy address)			

The process:

- Our friendly personnel will:
  - ✓ check your account status with S Buys Wholesaler and apply a discount if applicable; and
  - ✓ then email you an invoice.
- Once you have made a payment on the invoice using the reference given on the invoice, please email us the proof of payment.
- The manuals will be generated and couriered after receipt of proof of payment.
- A soft copy of the manual will also be emailed to the pharmacy.

Initial:

Declaration:

I, …… (full name & surname of RP/owner), the undersigned, hereby give my consent that the Academy, its data operators, and its employees may collect, process, share and store the data obtained through this document to create a profile to customise the Accredit It Manual for the pharmacy as mentioned earlier.

- I understand that my personal information recorded and stored by the Academy is protected under and in full accordance with the Protection of Personal Information Act (4 of 2013). Any additional personal information I supply will be subject to the same standard of confidentiality and protection.
- I understand that I may request what personal information is held by the Academy and with whom they shared it. I may further object to processing my personal information and request correction or deletion of my personal information.

I agree that the Academy may ☐ / may not ☐ (tick the relevant box) send me notifications via email regarding updates available for the Accredit It manual.

Applicant's Signature: _____ Date _____

Please fax 086 457 4790 or email dispensing@sbuys.co.za