

Pharmacist Prescribing Programme

Essential Information for Applicants



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Your application will **only** be considered once **all** of the following are complete and uploaded to your application portal. Incomplete applications will not be considered. It is your responsibility to ensure all documents and references are submitted and uploaded on time.

Applicants should only consider undertaking an Independent Prescribing (IP) course if they are able to dedicate a minimum of 12.5 hours per week in addition to their existing personal and professional commitments. We encourage prospective applicants to carefully consider whether the timing is right before committing to the course. We strongly recommend discussing your study plan with both your Designated Prescribing Practitioner (DPP) and employer, accounting for potential staffing pressures within your workplace which may impact your ability to complete the required 90 hours learning in practice.

1. **Online Application form**
 - Existing University of Bath students should apply via [Moodle](#)
2. **Essential Information form** (this document)
3. **Passport copy** (photo or scan)
4. **Undergraduate degree certificate** (photo or scan)
5. **Designated Prescribing Practitioner (DPP) form**
 - You must send the [DPP form](#) to your proposed DPP for completion
6. **Two references**
 - Academic
 - Professional/Employer

Applications

The Pharmacist Prescribing Programme (IP) at the University of Bath is accredited by the General Pharmaceutical Council (GPhC). Accreditation was awarded in 2026 for three years. Details of the accreditation report from the GPhC are available [here](#).

We accept students who are self-funding, employer sponsored or funded through national funding bodies such as National Health Service England (NHSE).

Professional and Academic References

You must provide email addresses for **one academic** and **one professional/employer** reference on your online application form.

- Your **academic referee** should ideally be your personal tutor at the university from which you graduated but, if this is not possible, there are a number of ways to meet this requirement which are (in order of preference): Undergraduate tutor; Pre-registration tutor; CPD tutor/facilitator; a second professional/employer reference with the focus on your ability to study at **Masters** level.
 - o If you are applying as a PCPEP applicant, please add your own email address as your academic reference and do not put your CPPE education supervisor email. Please note that CPPE has an organisational policy to refuse reference requests. However, the CPPE certificates (SoAP – Statement of Academic Progression and Certificate of Eligibility naming the University of Bath as an agreed place to study will be accepted as an academic reference.

- Your **professional/employer referee** must be someone who can provide a statement about your professional competencies as an Independent Prescriber along with an assessment of your ability to undertake the programme. It cannot be the same person as your academic referee or proposed DPP.

It is your responsibility to check that your references have been completed and uploaded by your referee.

You can check if a reference has been uploaded to your application tracker under 'View list of documents you have already uploaded'.

In addition, we require all applicants to complete the [declaration of support](#), to confirm you have authorisation and appropriate indemnity arrangements to undertake the mandatory prescribing hours in practice in your nominated practice setting, and to confirm the nature of the agreement with your proposed DPP.

Completing the Online Application Form

Personal Details: You must provide a daytime contact number and email address you check regularly to help us to contact you quickly. Please do NOT give a shared mailbox address.

Funding Arrangements: Indicate how you intend to fund your study.

Your Education: Provide information on your formal education achievements and any recent relevant training courses.

Professional Experience: Provide information about your current and previous relevant employment and details of your GPhC/PSNI Registration.

Equality of Opportunity: We need to monitor our equal opportunities policy and ask that you complete this section of the form.

Why Bath? Indicate how you heard about this programme and what influenced you to study at Bath.

Disability Support: We welcome applications from people with disabilities and/or long-term health conditions, which can include but is not limited to specific learning difficulties (e.g. dyslexia), mobility or sensory impairments and mental health conditions, and consider their applications on the same academic basis as those from other applicants. If you have a disability/long term health condition, you are strongly encouraged to contact the Disability Advice Team on **01225 385538** or email disabilityadvice@bath.ac.uk.

Criminal Convictions: We are required to collect this information

Declaration: You must complete this mandatory declaration.

Teaching & Study Commitment

- Programme length: **24 teaching weeks**
- Compulsory taught workshops (on [campus](#) and online), please refer to our [webpage](#) for workshop dates and format
- Web-based learning resources, clinical and consultation workshops, (using professional actors) and formative feedback on the development of the student from the programme team
- **90 hours of practice-based learning**, supported by a DPP
- Expected study time: **minimum 12.5 hours per week**
- Course assessed by multiple methods, including OSCEs and demonstration of competence with a practice-based portfolio

If your clinical hours take place outside your main workplace, you **must arrange an honorary contract before the course starts.**

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ESSENTIAL INFORMATION FORM

- **DECLARATION OF SUPPORT FORM**

Please complete all sections of this form and upload to your online application:

Student (All statements marked “Must tick” are compulsory)

Must Tick ✓

- ☐ I have the professional competence to undertake the IP course
- ☐ I have employer support to complete the course within my organisation **OR** appropriate governance arrangements for practice outside an employed role
- ☐ I do not have any personal relationship with the DPP (e.g. family member, close friend etc.)
- ☐ I have sufficient indemnity arrangements for trainee prescribing within the organisation in which I am training
- ☐ I confirm I have sent the DPP form link to my proposed DPP

Optional

- ☐ I am paying for a commercial DPP service, if applicable

Employer details

- Name of Employer:
- Employer contact email:

DPP details

- Name:
- Email:
- Organisation:

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▪ SPECIFIED PRESCRIBING AREA FORM

Please complete sections one, two and three of this form

Section One – Disclosure

You must disclose any current or pending formal investigations into your practice OR any pending issues that may affect your ability to practice. Please use this box to notify us of any such issues. We will then contact you in confidence to request further details. This information will not be communicated to the wider Programme Team unless it is deemed necessary to support your studies.

You must tick ONE option only:

- ☐ I WOULD LIKE TO DISCUSS IN CONFIDENCE AN ISSUE AS DETAILED ABOVE WITH THE COURSE LEAD.
- ☐ I HAVE NOTHING TO DECLARE

GPhC number

Section Two –Prescribing Area

- Your prescribing area must be **defined and focused** so you can evidence your competence in prescribing. We appreciate the fact that your prescribing role may become generalist; however, it is important to develop competence in one area initially.
- Your DPP must have expertise in this area – please refer to the [DPP Competency Framework](#).

What integrated care system (ICS) do you mainly work within geographically?

My specified initial prescribing area is -

Please provide a written statement (max 300 words) to the following questions:

- **Planned clinical/therapeutic area**
- **Identified prescribing need (if applicable)**
- **How you have developed expertise in this area**



FUNDING INFORMATION FORM

All applicants must complete **Sections One** and **Section Six**

All applicants must complete **one of** Section Two, Three, Four or Five depending on your current work situation.

Section 1 – Funding Category (ALL applicants)

Please indicate **ONE** funding route:

- ☐ Non-NHSE Funded – (self or employer funded) – **go to Section 2**
 - ☐ NHSE Category 1 – (PCPEP) – **go to Section 3**
 - ☐ NHSE Category 2 – Pharmacists working to support the delivery of primary care services (community pharmacists, pharmacists not employed in ARRS role, pharmacists working in Health and Justice System) – **go to Section 4.**
 - ☐ NHSE Category 3 – Pharmacists working in the NHS Managed sector (e.g. secondary, tertiary care) – **go to Section 5.**
-

Section Two – Self or Employer Funded – Pharmacists enrolled independently, or employer funded

Please **TICK** to confirm:

- ☐ I confirm that my employer has agreed to fund my tuition fees and I have uploaded a completed '[sponsorship agreement letter](#)' along with my application form

OR

- ☐ I am Self-funded

Section Three – NHSE Category 1 – Pharmacists supported enrolled on the Primary Care Pharmacy Education Pathway (PCPEP)

☐

I confirm that I will supply a **'certificate of eligibility'** from CPPE to demonstrate that I am at the correct stage of the pathway to register for a funded Independent Prescribing place. This certificate names the University of Bath as the Higher Education Institution (HEI) CPPE have approved.

This certificate should be uploaded onto your Applicant Tracker as soon as it becomes available along with your **'statement of academic progression'**.

Your application will not be approved until we receive this confirmation.

OR Section 4 – NHSE Category 2 – Pharmacists working to support the delivery of primary care services

Please tick ONE box only:

☐

Community pharmacist (including locum and part time pharmacists).

☐

Pharmacists working to provide primary care services (e.g. working in primary care/CCG/general practice) who are not employed in ARRS role.

☐

Pharmacists working in the Health and Justice system – written support is required from your employer. This is a statement from your employer that must be uploaded onto Applicant Tracker by you.

OR Section 5 – NHSE Category 3 – Pharmacists working in the NHS Managed sector

You need to provide written support from your employer that you are supported to complete this unit. This is a statement from your employer that must be uploaded onto Applicant Tracker by yourself.

Employing Trust:

Line Manager name:

Line Manager email address:

Section Six – NHSE Declaration (ALL applicants who are requesting NHSE funding)

Please tick ALL:

- ☐ Consent to information sharing for evaluation
- ☐ Consent to progress updates with funders
- ☐ Commitment to future service evaluation
- ☐ Agreement to notify Bath of any changes
- ☐ Any false declaration will result in my funding being withdrawn and any accrued fees owed being charged to me personally.

Previous IP Study – (ALL APPLICANTS)

Please tick ONE box only:

- ☐ I have **not** previously undertaken IP with HEE/NHSE FUNDING

OR

- ☐ I **have** previously undertaken IP with HEE/NHSE funding.

Only TICK if applies:

- ☐ I have previously undertaken IP at another University and did not successfully complete the programme.

DECLARATION

I confirm that the information contained within this document is, to the best of my knowledge, correct. I understand that any offer of a place that I may receive from the University will be based upon the information given in this form, and that if I am found to have given false or incorrect information, any outstanding tuition fees must be paid personally.

Signed

Date