

# Pharmacist Prescribing Programme

## Essential Information for Applicants



UNIVERSITY OF  
**BATH**

*Please note that the requirements and paperwork for the Pharmacist Prescribing Programme may differ slightly from the instructions specified in the online application system guidance (which is generic for all University programmes). Where differences exist, please ensure that you follow the requirements noted in this document.*

**You need to complete the following forms for your application to be considered. It is the applicant's responsibility to ensure referees are completed and your proposed DPP has completed the online form. We will only consider complete applications once the deadline has passed.**

The Online Application form  
This Essential Information form

### Applications

The Pharmacist Prescribing Programme (IP) at the University of Bath is accredited by the General Pharmaceutical Council (GPhC). Accreditation was awarded in 2023 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).

### Entry Requirements

- Applicants must be registered with the General Pharmaceutical Council (GPhC) or Pharmaceutical Society of Northern Ireland (PSNI) as a pharmacist
- Those applicants whose first language is not English, must be able to demonstrate a satisfactory level of both spoken and written English. This will normally take the form of scores of at least 6.0 on all elements of the International English Language Testing System (IELTS), with an overall score of 6.5 (or TOEFL equivalent)

University regulations require that we see the original copy of your undergraduate degree certificate (this can be in lieu of your undergraduate degree transcript) – please upload a copy to your online application.

Entry requirements are governed by the University of Bath regulations and the [2019 Standards for the education and training of pharmacist independent prescribers](#) from the General Pharmaceutical Council.

### Workshops

All workshops and assessments are **COMPULSORY** – you **MUST** be able to attend all the workshop dates (this is different to the University's standard regulations, which allow for 10% of sessions to be missed). For workshop dates, please refer to the University of Bath's IP webpage. Some workshops will be run remotely via Zoom and others will be face-to-face on the [University of Bath campus](#).

**\*\*Please ensure you can commit to and attend all workshop dates prior to application\*\***

## Admissions for Pharmacists working/planning to work in the NHS

All applicants will be assessed in terms of the GPhC entry criteria.

If the unit is oversubscribed, we may prioritise as follows:

- Existing award students (see below)
- NHSE funded applicants
- Training environment (DPP commitment to support in practice, description of specialism, plan for completion of mandatory clinical practice hours and identified clinical need/future role)
- Previous experience of postgraduate study

### Outcome of the Admissions Decision

All candidates will be notified of the decision of the University as soon as possible in advance of the start of the programme but not before the application period closes. Please note that all elements of the application must be submitted on time for you to be considered for a place on the programme. **We will not consider incomplete applications.**

### Structure of the Programme

Running over 24 weeks, the programme has several taught and facilitated components. **All learners must attend the compulsory workshops and complete 90 hours in practice developing their skills as an independent prescriber.** Skills development is facilitated by a Designated Prescribing Practitioner (DPP).

The programme includes web-based learning resources, clinical and consultation workshops, (using professional actors) and formative feedback on the development of the student from the programme team. The programme is assessed by multiple methods including OSCEs and demonstration of competence with a practice-based portfolio.

Independent Prescribing is intensive, and most students will be working full time whilst studying. **Learners should expect to devote at least 12.5 hours a week to study.**

### 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. Please note that CPPE has an organisational policy to refuse reference requests. However, the CPPE certificates (SoAP and confirmation of funding) naming the University of Bath as an agreed place to study will be accepted as a 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 are able to check if a reference has been uploaded on your application tracker under 'View list of documents you have already uploaded'.

In addition, we require a [declaration of support](#) to be signed by yourself to confirm you have the approval to undertake your prescribing hours in your chosen practice setting.

## 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 of your formal education achievements and of any relevant training courses that you may have undertaken in recent years.

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

**Your English Language Proficiency:** If your first language is not English, and you have not graduated from an undergraduate degree programme from a UK University, then you will need to complete this section and provide details of your performance in either the TOEFL or IELTS tests. If you do not have any of the above it may be necessary to carry out a telephone interview to ascertain your level of English.

**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](mailto:disabilityadvice@bath.ac.uk).

**Criminal Convictions:** We are required to collect this information

**Declaration:** You must complete this mandatory declaration.



### ESSENTIAL INFORMATION FORM

- **DECLARATION OF SUPPORT FORM**

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

---

**Student** (and tick all that apply)

I have the professional competence to undertake the prescribing course

I have the support of my employing organisation to complete the course and there is a recognised need for me to become a prescriber

**OR**

I recognise that I will be seeing patients within an organisation in which I am not employed and have discussed this with the organisation (we recommend having an honorary contract with the organisation)

I do not have any personal relationship with the DPP (e.g. family member, close friend etc.)

I am paying for a commercial DPP service

I have sufficient indemnity arrangements to cover my activities as a trainee prescriber within the organisation in which I am training

Name of Employer (if applicable)

Employer contact email address

Name of DPP

DPP contact email address

DPP organisation



### 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.

I WOULD LIKE TO DISCUSS IN CONFIDENCE AN ISSUE AS DETAILED ABOVE WITH THE COURSE LEAD.

I DO NOT HAVE ANYTHING TO DECLARE

GPhC number

---

#### Section Two – Prescribing Area

We recommend that you have a defined, narrow prescribing area on which to start your prescribing course – this is so that you can evidence your competence in prescribing. We then teach transferable skills that you can use in other areas once you have demonstrated 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. It is worth noting that your DPP must have sufficient knowledge of your clinical area – please refer to the DPP Competency Framework.

The initial area will expand as the course progresses.

My specified initial prescribing area is -

*Please provide a detailed written response to the following questions:*

**Please identify your planned clinical / therapeutic area of prescribing, describing the prescribing need that you have identified (if relevant), and how you have developed clinical knowledge and expertise in this area to date. (no more than 300 words)**

# Pharmacist Prescribing Programme

## *Career Long Learning at Bath*



UNIVERSITY OF  
**BATH**

### DESIGNATED PRESCRIBING PRACTITIONER (DPP) FORM

As part of the University's Quality Assurance processes, we are required to formally appoint all Designated Prescribing Practitioners as visiting practitioners of the University of Bath. As part of the General Pharmaceutical Council (GPhC) accreditation process, the University must ensure that the DPP is suitably experienced and qualified to complete this role and that they are in good standing with their professional regulator.

It is the applicant's responsibility to source their own DPP.

**Your proposed DPP must complete the following form:**

<https://app.onlinesurveys.jisc.ac.uk/s/bathreg/university-of-bath-pharmacy-appointment-survey-v1>

[there is a PDF document of all the questions that are on this form available on the website]

**\*\*Failure to complete this form in a timely manner may jeopardise your application, which will be treated as incomplete\*\***



### 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 one** – (All applicants either funded by NHSE or self/employer to complete) **Please indicate whether you are applying under Non-NHSE, NHSE Category 1, Category 2 or Category 3 if applicable and complete the sponsor details section if self-employer funded**

Non-NHSE Funded – Pharmacists who are being supported either themselves or by their employer – **go to section two.**

NHSE Category 1 – Pharmacists enrolled on the Primary Care Pharmacy Education Pathway (PCPEP) – **go to section three.**

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 four.**

NHSE Category 3 – Pharmacists working in the NHS Managed sector (eg secondary, tertiary care) – **go to section five.**

What integrated care system do you mainly work within geographically?

---

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

I confirm that my employer has agreed to fund my tuition fees

Sponsor billing name*	
Sponsor billing address*	
Finance Office Telephone:*	

Email for invoice submission or payment queries: * (generic where possible)	
VAT registration no:*	

Fields marked \* are mandatory; VAT registration numbers are required for EU member countries

Named Contact for all Funding Queries (Lead Mentor or E&T Lead):

Contact name	
Telephone:	
Email	

Sponsorship Details:

Purchase Order or Reference No.	
Total Amount to be Invoiced to Sponsor:	
Total Amount to be Invoiced to Student: (please only include sums to be paid directly to the University, do not include salary recovery payments here)	

---

#### DECLARATION

I confirm that the information contained within this document is to the best of my knowledge and belief 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.



### 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 or emailed to [ap3t@bath.ac.uk](mailto:ap3t@bath.ac.uk) with the subject marked 'CPPE certificate of eligibility' as soon as it becomes available. Your application will not be approved until we receive this confirmation.

---

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

Please tick one box:

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 Five – 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.

Line manager name

Line manager email address

---

### Section Six – Confirmations to meet NHSE funding criteria (All applicants must complete this, please tick)

I commit to share information and participate in the development of case studies to demonstrate the impact of my role as part of the transformation of pharmacy services (and consent for this information to be shared with third parties, e.g. NHS England, The GPhC and anyone appointed by NHS bodies to undertake evaluation).

I understand that information from my application form will be shared with course funders, along with information about my progress through the IP course

I commit to be part of a future evaluation of the impact of my new skills on service delivery.

I understand that if any of the above information changes I will notify the University of Bath immediately.

I understand that any false declaration will result in my funding being withdrawn and any accrued fees owed being charged to me personally.

I confirm that I have **not** undertaken IP at another institution and received previous HEE/NHSE funding.

I confirm that I **have** undertaken IP elsewhere and received previous HEE/NHSE funding.

Signed

Date