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Dyddiad / Date: 5<sup>th</sup> March 2024

**Welsh Government – WHC/2024/02**

Standards for Competency Assurance of Non-Medical Prescribers in Wales PDF's (Eng & Welsh) & Independent and Supplementary Prescribing in Wales Guidance for employers and practitioners in NHS Wales

**This alert has been cascaded to the following:**

**All Wales GP Practice Managers  
All Wales GP OOHs  
All Wales Sessional GPs  
All Wales Pharmacies / Technicians  
All Wales Dental Practices  
All Wales HB Primary Care Managers  
All Wales HB Pharmacy & Prescribing Advisors  
All Wales Medial Committees  
All Wales Pharmacy Committees  
All Wales Dental Committees**

Annwyl Gydweithwyr,

Cewch hyd i'r Cylchlythyr Iechyd Cymru diweddaraf ynghlwm: Safonau ar gyfer Sicrhau Cymhwysedd Rhagnodwyr Anfeddygol yng Nghymru

Rhaeadrwch yn ôl yr angen.

Llawer o ddiolch

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Dear Colleagues,

Please find the latest Welsh Health Circular attached: Standards for Competency Assurance of Non-Medical Prescribers in Wales

Please cascade as necessary.

Many Thanks

Correspondence & Questions Administrator

Government and Corporate Business Team / Tîm Busnes y Llywodraeth a Corfforaethol

Health and Social Services Group / Grŵp Iechyd a Gwasanaethau Cymdeithasol

Welsh Government / Llywodraeth Cymru



Llywodraeth Cymru  
Welsh Government

# Darparu Presgripsiynau Annibynnol ac Atodol yng Nghymru

Canllawiau i gyflogwyr ac ymarferwyr GIG Cymru

Ionawr 2024

# Pwrpas y canllawiau hyn

Bwriad y canllawiau hyn yw helpu cyflogwyr, rheolwyr ac ymarferwyr i ganfod eu ffordd trwy'r prosesau gweinyddol a gweithdrefnol mwyaf cyffredin sy'n galluogi gweithwyr proffesiynol i fod yn ddarparwyr presgripsiynau annibynnol neu atodol o fewn GIG Cymru.

## Cynulleidfa'r ddogfen

Pob bwrdd iechyd yng Nghymru.

Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru.

Ymddiriedolaeth GIG Felindre.

Partneriaeth Cydwasanaethau GIG Cymru.

Darparwyr presgripsiynau anfeddygol gan gynnwys:

- Optometryddion
- Nyrsys Cofrestredig
- Bydwagedd
- Fferyllwyr
- Ffisiotherapyddion
- Podiatryddion
- Parafeddygon
- Dietegwyr
- Radiograffwyr.

Ymarferwyr meddygol a deintyddol.

Sefydliadau Addysg Uwch sy'n darparu addysg a hyfforddiant darparu presgripsiynau anfeddygol.

Gwasanaethau iechyd carchardai.

Gwasanaethau meddygol milwrol.

Darparwyr gofal iechyd annibynnol.

Cyrff arweinyddiaeth proffesiynol.

Rheoleiddwyr proffesiynol.

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# Cyflwyniad

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Cynhyrchwyd y canllawiau hyn gan Lywodraeth Cymru i nodi'r camau gweinyddol a gweithdrefnol sydd eu hangen er mwyn galluogi gweithwyr gofal iechyd proffesiynol anfeddygol i fod yn ddarparwyr presgripsiynau annibynnol ac atodol. Mae'r canllawiau'n dangos sut i ddarparu presgripsiynau'n ddiogel ac effeithiol yng Nghymru ac yn darparu gwybodaeth a chynghor ar sut i ddelio gyda sefyllfaoedd cyffredin wrth ddarparu presgripsiynau.

Mae deddfwriaeth meddyginiaethau'r Deyrnas Unedig yn caniatáu i grwpiau penodol o weithwyr gofal iechyd proffesiynol heblaw meddygon a deintyddion hyfforddi a gweithio fel darparwyr presgripsiynau annibynnol neu atodol.

Mae'r ddogfen hon yn darparu gwybodaeth fydd yn helpu gweithwyr gofal iechyd proffesiynol sy'n dymuno hyfforddi a gweithio fel darparwyr presgripsiynau annibynnol ac atodol, a chynghor er mwyn hyrwyddo arfer da ar gyfer pob darparwr presgripsiynau anfeddygol yng Nghymru.

Mae'r canllawiau hyn yn cymryd lle 'Canllawiau ar gyfer Rhoi Presgripsiynau Anfeddygol yng Nghymru 2017' a'r holl fersiynau blaenorol. Mae'r ddogfen hon yn dangos y sefyllfa fel ag y mae ar ddyddiad ei chyhoeddi.

# Trosolwg o Ddarparu Presgripsiynau Atodol ac Annibynnol

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Mae nifer o grwpiau o weithwyr gofal iechyd proffesiynol ar wahân i feddygon a deintyddion, yn amodol ar gwblhau hyfforddiant ychwanegol, yn gallu rhoi meddyginiaeth ar bresgripsiwn i gleifion fel darparwyr presgripsiynau annibynnol neu atodol. Cyfeirir at yr holl weithwyr gofal iechyd proffesiynol hyn fel darparwyr presgripsiynau anfeddygol (*non-medical prescribers/NMPs*).

Mae **darparwyr presgripsiynau annibynnol** yn gyfrifol ac yn atebol am asesu cleifion sydd â diagnosis o gyflwr eisoes neu sydd â chyflwr heb ddiagnosis. Maen nhw'n gyfrifol ac yn atebol hefyd am benderfyniadau ynghylch y rheolaeth glinigol sydd ei hangen, gan gynnwys rhoi presgripsiynau.

Mae **darparwyr presgripsiynau atodol** yn gweithio mewn partneriaeth â meddyg neu ddeintydd i weithredu cynllun rheoli clinigol ar gyfer y claf. Bydd pawb, gan gynnwys y claf, yn cytuno ar y cynllun.

Mae nodyn wrth enw pob darparwr presgripsiynau annibynnol ac atodol ar y gofrestr broffesiynol berthnasol.

## Nyrsys Cofrestredig

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Er mwyn gallu rhoi presgripsiwn ar gyfer cynhyrchion meddyginiaethol, mae'n rhaid i nyrsys cofrestredig a bydwagedd gofnodi eu cymhwyster darparu presgripsiynau ar gofrestr y Cyngor Nyrsio a Bydwreigiaeth (NMC). Mae dau fath o ddarparwr presgripsiynau ymhlith nyrsys cofrestredig a bydwagedd. Darparwyr presgripsiynau sy'n fydwragedd a nyrsys cymunedol; a darparwyr presgripsiynau annibynnol ac atodol sy'n fydwragedd ac yn nyrsys cofrestredig.

Os am ragor o fanylion, dyma ddolen ar gyfer rhaglenni a safonau darparu presgripsiynau'r Cyngor Nyrsio a Bydwreigiaeth (NMC): [Safonau ar gyfer rhaglenni darparu presgripsiynau – Y Cyngor Nyrsio a Bydwreigiaeth \(nmc.org.uk\)](https://www.nmc.org.uk)

Gall darparwyr presgripsiynau annibynnol sy'n Nyrsys Cofrestredig (a elwid gynt yn "Extended Formulary Nurse Prescribers") roi unrhyw feddyginiaeth ar bresgripsiwn i drin unrhyw gyflwr meddygol yn eu maes cymhwysedd. Mae hyn yn cynnwys meddyginiaethau trwyddedig a didrwydded.

Gall darparwyr presgripsiynau annibynnol sy'n Nyrsys Cofrestredig ddarparu presgripsiynau, rhoi'r feddyginiaeth a rhoi cyfarwyddiadau ar gyfer rhoi cyffuriau a reolir o Atodlenni 2, 3, 4 a 5. Mae hyn yn cynnwys diamorffin hydroclorid, dipipanon, neu gocên i drin clefyd organig neu anaf, ond nid i drin dibyniaeth.

Rhaid i ddarparwyr presgripsiynau annibynnol sy'n Nyrsys Cofrestredig weithio o fewn eu cymhwysedd proffesiynol a'u cwrpas ymarfer.

Gall Nyrsys Cofrestredig sydd wedi cwblhau cwrs Darparu Presgripsiynau ar gyfer Ymarferwyr Cymunedol (a elwir hefyd yn gwrs v100 neu v150) gyda'r Cyngor Nyrsio a Bydwreigiaeth (NMC) gofrestru gyda'r NMC fel Darparwyr Presgripsiynau Annibynnol sy'n Nyrsys Cymunedol (CNIP). Mae'r rhan fwyaf o Ddarparwyr Presgripsiynau Annibynnol sy'n Nyrsys Cymunedol yn nyrsys ardal a nyrsys iechyd cyhoeddus (a elwid gynt yn ymwelwyr iechyd), nyrsys cymunedol a nyrsys ysgol. Dim ond presgripsiynau

o [Lyfr Fformiwlâu Darparwyr Presgripsiynau sy'n Nyrsys \(NPF\)](#) ar gyfer Ymarferwyr Cymunedol y maent yn gymwys i'w rhoi.

## Fferyllwyr

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Gall darparwyr presgripsiynau annibynnol sy'n fferyllwyr ddarparu presgripsiwn ar gyfer unrhyw feddyginiaeth i drin unrhyw gyflwr meddygol yn eu maes cymhwysedd. Mae hyn yn cynnwys meddyginiaethau trwyddedig a didrwydded.

Gall darparwyr presgripsiynau annibynnol sy'n fferyllwyr hefyd ddarparu presgripsiynau, rhoi'r feddyginiaeth a rhoi cyfarwyddiadau ar gyfer rhoi cyffuriau a reolir o Atodlenni 2, 3, 4 a 5. Mae hyn yn cynnwys diamorffin hydroclorid, dipipanon, neu gocên i drin clefyd organig neu anaf, ond nid i drin dibyniaeth.

Rhaid i Ddarparwyr Presgripsiynau Annibynnol sy'n Fferyllwyr weithio o fewn eu cymhwysedd proffesiynol a'u cwmpas ymarfer.

Bydd yr holl fferyllwyr sydd newydd gymhwyso ac yn ymuno â chofrestr y Cyngor Fferyllol Cyffredinol o fis Awst 2026 yn ddarparwyr presgripsiynau annibynnol.

## Optometryddion

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Mae darparwyr presgripsiynau annibynnol sy'n optometryddion yn gallu rhoi presgripsiwn ar gyfer unrhyw feddyginiaeth drwyddedig i drin cyflyrau ocwlar sy'n effeithio ar y llygaid a'r meinweoedd o amgylch y llygaid, ac eithrio cyffuriau a reolir neu feddyginiaethau i'w rhoi drwy'r gwythiennau.

Gall pob optometrydd gyflenwi a rhoi meddyginiaethau yn eu cwmpas ymarfer proffesiynol, o restr gyfyngedig o feddyginiaethau a nodir yn [Atodlen 17 Rheoliadau Meddyginiaethau Dynol 2012](#).

## Ffisiotherapyddion

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Gall darparwyr presgripsiynau annibynnol sy'n ffisiotherapyddion ddarparu presgripsiwn ar gyfer unrhyw feddyginiaeth i drin unrhyw gyflwr meddygol yn eu maes cymhwysedd. Mae hyn yn cynnwys darparu meddyginiaethau all-drwydded.

Mae darparwyr presgripsiynau annibynnol sy'n ffisiotherapyddion yn cael rhoi presgripsiynau o restr gyfyngedig o gyffuriau a reolir (morffin i'w gymryd drwy'r geg neu drwy bigiad, ffentanyl drwy'r croen a diazepam drwy'r geg, dihydrocodin tartrad, lorazepam, ocsicodon hydroclorid a temazepam).

Gall ffisiotherapyddion sy'n ddarparwyr presgripsiynau atodol roi cyffuriau eraill a reolir ar bresgripsiwn ond dim ond pan maent yn rhan o gynllun rheoli clinigol claf y mae'r meddyg neu'r deintydd wedi cytuno arno.

## Podiatryddion

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Gall darparwyr presgripsiynau annibynnol sy'n bodiatryddion ddarparu presgripsiwn ar gyfer unrhyw feddyginiaeth i drin unrhyw gyflwr meddygol yn eu maes cymhwysedd. Mae hyn yn cynnwys darparu meddyginiaethau all-drwydded.

Mae darparwyr presgripsiynau annibynnol sy'n bodiatryddion yn gallu rhoi presgripsiwn o restr gyfyngedig o gyffuriau a reolir (diazepam, dihydrocodin tartrad, lorazepam a temazepam) i'w cymryd drwy'r geg yn unig.



## Parafeddygon

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Gall darparwyr presgripsiynau annibynnol sy'n barafeddygon ddarparu presgripsiwn ar gyfer unrhyw feddyginiaeth i drin unrhyw gyflwr meddygol yn eu maes cymhwysedd. Mae hyn yn cynnwys darparu meddyginiaethau all-drwydded.

Mae darparwyr presgripsiynau annibynnol sy'n barafeddygon yn gallu rhoi presgripsiwn ar gyfer ystod gyfyngedig o gyffuriau a reolir (morffin sylffad i'w gymryd drwy'r geg neu drwy bigiad, diazepam i'w gymryd drwy'r geg neu drwy bigiad, midazolam i'w gymryd yn orofwcosol neu drwy bigiad, lorazepam drwy bigiad, a chodin ffosffad drwy'r geg).

## Radiograffwyr therapiwtig

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Gall darparwyr presgripsiynau annibynnol sy'n radiograffwyr therapiwtig ddarparu presgripsiwn ar gyfer unrhyw feddyginiaeth i drin unrhyw gyflwr meddygol yn eu maes cymhwysedd. Mae hyn yn cynnwys darparu meddyginiaethau all-drwydded.

Mae darparwyr presgripsiynau annibynnol sy'n radiograffwyr therapiwtig yn gallu rhoi presgripsiwn ar gyfer ystod gyfyngedig o gyffuriau a reolir (tramadol, diazepam, lorazepam, ocsicodon a chodin ffosffad i'w cymryd drwy'r geg bob un, a morffin sylffad i'w gymryd drwy'r geg neu drwy bigiad).

## Radiograffwyr diagnostig

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Gall darparwyr presgripsiynau annibynnol sy'n radiograffwyr diagnostig ddarparu presgripsiwn ar gyfer unrhyw feddyginiaeth i drin unrhyw gyflwr meddygol mewn partneriaeth â meddyg neu ddeintydd yn unol â chynllun rheoli

clinigol y cytunwyd arno. Mae hyn yn cynnwys meddyginiaeth drwyddedig neu ddirwydded a chyffuriau a reolir.

## Dietegwyr

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Gall darparwyr presgripsiynau annibynnol sy'n ddietegwyr ddarparu presgripsiwn ar gyfer unrhyw feddyginiaeth i drin unrhyw gyflwr meddygol mewn partneriaeth â meddyg neu ddeintydd yn unol â chynllun rheoli clinigol y cytunwyd arno. Mae hyn yn cynnwys meddyginiaethau trwyddedig neu ddirwydded a chyffuriau a reolir.

## Gweithwyr gofal iechyd proffesiynol eraill

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Ar adeg cyhoeddi'r ddogfen hon, nid oes gan weithwyr gofal iechyd proffesiynol ar wahân i'r rhai a restrir uchod hawl i roi meddyginiaethau ar bresgripsiwn. Gall rhai gweithwyr gofal iechyd proffesiynol, er enghraifft therapyddion galwedigaethol a hylenywyr deintyddol, gyflenwi a rhoi rhai meddyginiaethau heb bresgripsiwn, o dan Gyfarwyddyd Grŵp Cleifion (PGD). Gellir dod o hyd i wybodaeth am ba weithwyr proffesiynol sy'n gallu gweithio dan drefn PGD ar [www.gov.uk/government/publications/patient-group-directions-pgds/patient-group-directions-who-can-use-them](http://www.gov.uk/government/publications/patient-group-directions-pgds/patient-group-directions-who-can-use-them).

Ni all **cymdeithion meddygol** na **chymdeithion anesthesia** roi meddyginiaethau ar bresgripsiwn, na chyflenwi meddyginiaethau na'u rhoi i gleifion dan drefn PGD.

# Categoriâu darparwyr presgripsiynau anfeddygol

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## Darparwyr presgripsiynau atodol

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Dyma sut mae Llyfr Fformiwlâu Cenedlaethol Prydain (BNF) yn diffinio darparu presgripsiynau atodol:

partneriaeth wirfoddol rhwng darparwr presgripsiynau annibynnol (meddyg neu ddeintydd) a darparwr presgripsiynau atodol, er mwyn darparu presgripsiynau gan weithredu cynllun rheoli clinigol yn benodol ar gyfer claf, gyda chytundeb y claf hwnnw.

Dim ond mewn partneriaeth â meddyg neu ddeintydd y gall darparwyr atodol ddarparu presgripsiynau. Y meddyg neu'r deintydd sy'n gyfrifol am y diagnosis a gosod paramedrau'r cynllun rheoli clinigol (gweler atodiad un).

Gall pob darparwr atodol ddarparu presgripsiynau ar gyfer unrhyw gyflwr meddygol ar yr amod eu bod yn gweithredu'n unol â chynllun rheoli clinigol y cytunwyd arno ar gyfer claf unigol.

Prif fwriad darparu presgripsiynau atodol yw rheoli cyflyrau meddygol cronig; fodd bynnag, gellir trin cyfnodau aciwt sy'n digwydd o fewn cyflyrau cronig, ar yr amod bod hyn wedi'i gynnwys yn y cynllun rheoli clinigol.

Nid yw darparwyr atodol wedi'u cyfyngu i restr gyfyngedig, a gallant ddarparu unrhyw feddyginiaethau y gellid eu rhoi ar bresgripsiwn yn y GIG, ar yr amod eu bod wedi'u cynnwys yng

ngynllun rheoli clinigol y claf. Mae hyn yn cynnwys:

- Pob meddyginiaeth ar y Rhestr Werthu Gyffredinol (GSL), meddyginiaethau fferyllfa (P), offer a dyfeisiau, bwydydd a sylweddau ffiniol eraill a gymeradwywyd gan y Pwyllgor Cynghori ar Sylweddau Ffiniol (ACBS);
- Pob Meddyginiaeth Bresgripsiwn yn Unig (POM) gan gynnwys cyffuriau a reolir (ac eithrio'r rhai a restrir yn Atodlen 1 Rheoliadau Camddefnyddio Cyffuriau 2001 – nad ydynt wedi'u bwriadu at ddefnydd meddyginiaethol);
- Meddyginiaethau i'w defnyddio y tu hwnt i'r dangosyddion a nodir ar eu trwyddedau (hynny yw, darparu presgripsiynau all-drwydded), cyffuriau triongl du, a chyffuriau y mae'r BNF yn nodi eu bod yn 'llai addas i'w rhoi ar bresgripsiwn'.

Mae'n arfer da peidio â rhoi cyffuriau didrwydded ar bresgripsiwn oni bai eu bod yn rhan o dreial clinigol sydd â thystysgrif neu eithriad treial clinigol.

Rhaid i ddarparwyr presgripsiynau atodol gydymffurfio â'r safonau a osodir gan eu rheoleiddwyr a'u cyrff arweinyddiaeth proffesiynol. Os nad ydynt yn teimlo'n gymwys i ddarparu rhyw feddyginiaeth ar bresgripsiwn, ni ddylent wneud hynny.

Ni ddylai darparwyr atodol ddarparu presgripsiynau ar eu cyfer hwy eu hunain na'u teuluoedd.

## Darparwyr presgripsiynau sy'n nyrsys cymunedol

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Ar ôl cwblhau rhaglen ymarferwyr arbenigol cymunedol sy'n cynnwys darparu presgripsiynau ar gyfer nyrsys cymunedol (v100, v150), gall nyrsys cofrestredig roi meddyginiaethau ar bresgripsiwn o'r NPF ar gyfer ymarferwyr cymunedol. Mae'r rhestr hon yn cynnwys dresinau, offer a rhestr gyfyngedig o feddyginiaethau sy'n berthnasol i nyrsio cymunedol, ymweliadau iechyd ac ymarfer nyrsio iechyd cyhoeddus.

Mae deddfwriaeth yng Nghymru yn nodi y dylid defnyddio'r term "community nurse independent prescriber" ar gyfer y categori hwn o ddarparwyr presgripsiynau.

## Darparwyr presgripsiynau annibynnol

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Dyma sut mae'r BNF yn diffinio darparwyr presgripsiynau annibynnol:

Ymarferwyr sy'n gyfrifol ac yn atebol am asesu cleifion sydd â diagnosis o gyflwr eisoes neu sydd â chyflwr heb ddiagnosis. Maen nhw'n gyfrifol ac yn atebol hefyd am benderfyniadau ynghylch y rheolaeth glinigol sydd ei hangen, gan gynnwys rhoi presgripsiynau.

Ar adeg cyhoeddi'r canllawiau hyn, dim ond nyrsys cofrestredig, fferyllwyr, optometryddion, ffisiotherapyddion, podiatryddion, radiograffwyr therapiwtig a pharafeddygon all hyfforddi a gweithio fel darparwyr presgripsiynau annibynnol.

Mae Nyrsys Cofrestredig, fferyllwyr, ffisiotherapyddion, podiatryddion, radiograffwyr therapiwtig a pharafeddygon sy'n ddarparwyr annibynnol yn gallu darparu unrhyw feddyginiaeth drwyddedig ar bresgripsiwn<sup>1</sup> (sef cynhyrchion gydag awdurdodiad marchnata yn y Deyrnas Unedig) i drin unrhyw gyflwr meddygol, o fewn eu cymhwysedd. Er y gall ffisiotherapyddion, podiatryddion a radiograffwyr ddarparu unrhyw feddyginiaeth drwyddedig ar bresgripsiwn, dim ond ar gyfer cyflyrau yr ystyrir yn gyffredinol eu bod yn eu maes proffesiynol y dylent wneud hynny.

Mae gan Nyrsys Cofrestredig, fferyllwyr a pharafeddygon gwmpas ehangach o ymarfer proffesiynol posib, ac felly byddant o reidrwydd yn darparu presgripsiynau ar draws nifer o feysydd therapiwtig.

Mae darparwyr annibynnol sy'n optometryddion yn gallu rhoi presgripsiwn ar gyfer unrhyw feddyginiaeth drwyddedig i drin cyflyrau sy'n effeithio ar y llygaid a'r meinweoedd o amgylch y llygaid, ac eithrio cyffuriau a reolir neu feddyginiaethau i'w rhoi drwy'r gwythiennau.

Mae pob darparwr presgripsiynau annibynnol hefyd yn gallu gweithredu fel darparwr atodol.

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<sup>1</sup> Mae cyfyngiadau ar ddarparu cyffuriau a reolir ar bresgripsiwn gan ffisiotherapyddion, podiatryddion, radiograffwyr a pharafeddygon fel y disgrifiwyd yn gynharach.

# Darparu presgripsiynau o fewn cymhwysedd proffesiynol

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Rhaid i bob darparwr presgripsiynau, p'un a ydynt yn ddarparwr annibynnol neu atodol, weithio o fewn eu cymhwysedd a'u harbenigedd proffesiynol eu hunain. Dylent ofyn am gyngor ac atgyfeirio'n briodol at weithwyr proffesiynol eraill pan fydd pobl angen presgripsiynau mewn meysydd therapiwtig y tu allan i'w harbenigedd. Mae pob gweithiwr gofal iechyd proffesiynol yn atebol am eu gweithredoedd eu hunain, rhaid iddynt fod yn ymwybodol o gyfyngiadau eu sgiliau, eu gwybodaeth a'u cymhwysedd a dylent bob amser weithio o fewn cwmpas eu hymarfer.

# Meddyginiaethau ac offer y gellir eu rhoi ar bresgripsiwn gan ddarparwyr anfeddygol

	<b>Meddyginiaethau trwyddedig ar gyfer y dangosyddion ar eu trwyddedau</b>	<b>Meddyginiaethau trwyddedig ar gyfer dangosyddion all-drwydded</b>	<b>Meddyginiaethau didrwydded</b>	<b>Cyffuriau a reolir</b>
Nyrs Gofrestredig	le	le	le	le, ac eithrio'r rhai yn Atodlen 1 Rheoliadau Camddefnyddio a Chyffuriau 2001, a diamorffin, dipipanon neu gocên ar gyfer trin dibyniaeth
Fferyllydd	le	le	le	le, ac eithrio'r rhai yn Atodlen 1 Rheoliadau Camddefnyddio a Chyffuriau 2001, a diamorffin, dipipanon neu gocên ar gyfer trin dibyniaeth
Optometrydd	le	le	Na	Na
Parafeddyg	le	le	Na	le, ond dim ond: morffin sylffad a diazepam ar gyfer cymryd drwy'r geg neu drwy bigiad, midazolam ar gyfer cymryd yn orofwcosol neu drwy bigiad, lorazepam drwy bigiad, a chodin ffosffad drwy'r geg
Radiograffydd therapiwtig	le	le	Na	le, ond dim ond: diazepam, tramadol, ocsicodon, lorazepam a chodin ffosffad i'w cymryd drwy'r geg bob un, a morffin sylffad i'w gymryd drwy'r geg neu drwy bigiad

	<b>Meddyginiaethau trwyddedig ar gyfer y dangosyddion ar eu trwyddedau</b>	<b>Meddyginiaethau trwyddedig ar gyfer dangosyddion all-drwydded</b>	<b>Meddyginiaethau didrwydded</b>	<b>Cyffuriau a reolir</b>
Nyrs gymunedol	Dim ond cynhyrchion sydd wedi'u cynnwys yn yr NPF	Na, gydag eithriad sef y gellir rhoi presgripsiwn ar gyfer nystatin at ddefnydd newydd-anedig	Na	Na
Podiatrydd	le	le	Na	le, ond dim ond: diazepam, dihydrocodin, lorazepam, a temazepam, i'w cymryd drwy'r geg
Ffisiotherapydd	le	le	Na	le, ond dim ond: diazepam, dihydrocodin, lorazepam, morffin, ocsicodon, a temazepam, i'w cymryd drwy'r geg; morffin i'w gymryd drwy bigiad; a ffentanyl i'w gymryd drwy'r croen
Darparwr presgripsiynau atodol (yn unol â chynllun rheoli clinigol)	le	le	le	le

## Darparu presgripsiwn ar gyfer meddyginiaethau didrwydded

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Mae meddyginiaeth ddidrwydded yn un nad oes ganddi awdurdodiad marchnata dilys yn y Deyrnas Unedig nac yn yr Undeb Ewropeaidd, sef trwydded sy'n diffinio'r amgylchiadau clinigol y gellir defnyddio'r feddyginiaeth ynddynt.

Dim ond o fewn fframwaith polisi lleol ar gyfer meddyginiaethau didrwydded y dylid rhoi presgripsiwn ar gyfer meddyginiaethau didrwydded. Rhaid i'r polisi lleol gael ei ddatblygu a'i gymeradwyo drwy bwyllgor cyffuriau a therapiwtig sefydliad, pwyllgor presgripsiynau ardal neu gorff tebyg. Dylai'r polisi nodi bod angen arweiniad a thystiolaeth glinigol awdurdodol i gefnogi penderfyniadau unglŷn â phresgripsiynau yn y maes hwn, a dylai gynnwys tystiolaeth sy'n nodi pwysigrwydd sy'n atebol ac yn gyfrifol. Dylai'r polisi gyfeirio at safonau'r cyrff proffesiynol perthnasol a'r angen am gydsyniad y cleifion lle bo hynny'n briodol.

Mae darparwyr presgripsiynau'n derbyn cyfrifoldeb proffesiynol, clinigol a chyfreithiol am ddarparu presgripsiynau didrwydded.

Gall darparwyr atodol roi meddyginiaethau didrwydded ar bresgripsiwn ar yr amod bod hynny'n unol â chynllun rheoli clinigol claf.

## Cymysgu meddyginiaethau

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Cymysgu yw cyfuno dau neu fwy o gynhyrchion meddyginiaethol gyda'i gilydd at ddibenion eu rhoi i glaf penodol i ddiwallu eu hanghenion. Nid yw cymysgu yn cynnwys hydoddi, gwasgaru, gwanhau neu gymysgu'r cynnyrch mewn neu gyda rhyw sylwedd arall a ddefnyddir dim ond fel cyfrwng at ddiben rhoi'r cynnyrch i'r claf.

Mae'r broses gymysgu yn cynhyrchu cynnyrch didrwydded a rhaid rhoi presgripsiynau ar gyfer cynhyrchion o'r fath yn unol â pholisi meddyginiaethau didrwydded y sefydliad.

Caniateir i ddarparwyr presgripsiynau annibynnol sy'n Nyrsys Cofrestredig ac yn fferyllwyr gymysgu meddyginiaethau a chyfarwyddo eraill i gymysgu meddyginiaethau. Caniateir i ddarparwyr presgripsiynau annibynnol sy'n ffisiotherapyddion gymysgu meddyginiaethau trwyddedig o fewn cyfyngiadau eu hymarfer proffesiynol.

Gall darparwr presgripsiynau atodol gymysgu meddyginiaethau a chyfarwyddo eraill i gymysgu meddyginiaethau, os yw cymysgu meddyginiaethau yn rhan o'r cynllun rheoli clinigol ar gyfer claf unigol.

## Meddyginiaethau all-drwydded

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Defnydd all-drwydded (*off-label*) yw'r sefyllfaoedd lle defnyddir meddyginiaeth mewn ffordd sy'n wahanol i'r ffordd a ddisgrifir yn ei hawdurdodiad marchnata. Mae enghreifftiau o ddefnydd all-drwydded yn cynnwys defnyddio meddyginiaeth ar gyfer salwch gwahanol i'r hyn a nodir yn y drwydded, defnyddio meddyginiaeth gyda grŵp oedran y tu allan i'r ystod drwyddedig (sef plant neu'r henoed fel arfer), neu ddefnyddio meddyginiaeth ar ddos uwch na'r hyn a nodir yn y drwydded.

Gall darparwyr annibynnol ddarparu presgripsiynau ar gyfer meddyginiaethau at ddefnydd y tu allan i'w dangosyddion trwyddedig (fel y'u nodir yn yr awdurdodiad marchnata yn y Deyrnas Unedig neu'r Undeb Ewropeaidd) lle mae hynny'n arfer clinigol derbyniol, neu fel arall, lle mae cyfiawnhad clir dros ddarparu presgripsiwn y tu allan i'r dangosyddion neu'r dosau yn y drwydded.

Dylai sefydliadau fod â pholisi wedi'i gymeradwyo ar gyfer darparu presgripsiynau all-drwydded. Dylai'r polisi nodi bod angen arweiniad a thystiolaeth glinigol awdurdodol i gefnogi penderfyniadau ynglŷn â phresgripsiynau. Wrth ddarparu presgripsiwn all-drwydded, mae'r darparwr anfeddygol yn derbyn cyfrifoldeb proffesiynol, clinigol a chyfreithiol am unrhyw niwed sy'n deillio o glaf yn defnyddio'r feddyginiaeth yn unol â'r presgripsiwn. Mae hyn yn golygu mai dim ond pan fo hynny'n arfer clinigol derbyniol y dylai darparwyr annibynnol ddarparu presgripsiynau all-drwydded.

Wrth roi meddyginiaethau ar bresgripsiwn at ddefnydd all-drwydded, dylai'r darparwr esbonio'r angen am y feddyginiaeth i'r claf neu gynrychiolydd y claf (e.e. rhiant neu warcheidwad). Pan na all claf gydsynio i'r defnydd all-drwydded, dylai'r darparwr presgripsiynau weithredu'n unol â'u harfer proffesiynol ac o fewn polisi'r sefydliad sy'n eu cyflogi.

Gall darparwyr atodol roi meddyginiaethau all-drwydded ar bresgripsiwn ar yr amod bod presgripsiynau o'r fath yn unol â chynllun rheoli clinigol claf.

## Offer, dresinau a sylweddau ffiniol

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Gall darparwyr presgripsiynau annibynnol sy'n Nyrsys Cofrestredig a fferyllwyr ddarparu presgripsiwn ar gyfer unrhyw offer a dresinau a restrir yn [Rhan IX y Tariff Cyffuriau](#).

Mewn gofal eilaidd, nid yw nyrsys cofrestredig a fferyllwyr sy'n rhoi presgripsiynau wedi'u cyfyngu i offer/dresinau o Ran IX y Tariff Cyffuriau wrth ddarparu presgripsiynau o fewn ysbyty, ond dylent ystyried polisiau fformiwlâu lleol a'r goblygiadau ar gyfer gofal sylfaenol.

Mewn gofal sylfaenol, mae angen i ddarparwyr presgripsiynau'r GIG gydymffurfio â'r telerau gwasanaeth y maent yn gweithredu oddi tanynt. Gellir rhoi sylweddau ffiniol ar bresgripsiwn mewn amgylchiadau penodol ond bydd angen nodi "ACBS" ar y presgripsiwn i gadarnhau ei fod wedi'i ddarparu'n unol â'r amodau a osodwyd gan y Pwyllgor Cynghori ar Sylweddau Ffiniol (ACBS). Gellir dod o hyd i gynhyrchion a gymeradwyir yn [Rhan XV y Tariff Cyffuriau](#).

Yn gyffredinol, dim ond sylweddau ffiniol ar restr gymeradwy ACBS y dylai darparwyr anfeddygol eu rhoi ar bresgripsiwn, gan ystyried canllawiau perthnasol y sefydliad sy'n eu cyflogi.



# Addysg a hyfforddiant

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Mae angen i **Nyrsys Cofrestredig, fferyllwyr, podiatryddion, ffisiotherapyddion, radiograffwyr therapiwtig, dietegwyr a pharafeddygon** ymgymryd â rhaglen astudio ychwanegol er mwyn dod yn ddarparwyr presgripsiynau annibynnol neu atodol.

Mae'r rhain yn rhaglenni aml-broffesiynol sy'n arwain at gymhwyster fel darparwr presgripsiynau annibynnol neu atodol. Mae rhai rhaglenni'n benodol i broffesiwn, ond gallant gynnwys elfennau o ddysgu rhyngbroffesiynol.

Yng Nghymru darperir cwrs darparu presgripsiynau annibynnol yn benodol ar gyfer optometryddion gan yr Ysgol Optometreg a Gwyddorau'r Golwg, Prifysgol Caerdydd. Mae ysgolion optometreg eraill hefyd yn darparu cyrsiau darparu presgripsiynau annibynnol ar gyfer optometryddion. Gellir gweld manylion yn [Sut i gael cymhwyster darparu presgripsiynau annibynnol \(IP\) – Coleg yr Optometryddion \(college-optometrists.org\)](#).

Mae pob rhaglen yn gofyn am achrediad gan y cyrff rheoleiddio proffesiynol perthnasol:

- Y Cyngor Fferyllol Cyffredinol (GPhC) ar gyfer fferyllwyr;
- Y Cyngor Nyrsio a Bydwreigiaeth (NMC) ar gyfer nyrsys a bydwreded;
- Y Cyngor Optegol Cyffredinol (GOC) ar gyfer optometryddion;
- Cyngor y Proffesiynau Iechyd a Gofal (HCPC) ar gyfer y Proffesiynau Iechyd Perthynol (AHP) a Gwyddonwyr Gofal Iechyd.

## Rhaglenni paratoi addysg yng Nghymru

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Mae'r sefydliadau addysg a gymeradwyr canlynol yng Nghymru yn darparu rhaglenni addysg darparu presgripsiynau annibynnol neu atodol:

### Prifysgol De Cymru

[www.southwales.ac.uk/cymraeg/astudio/pynciau/graddau-nyrsio/cyrsiau-iechyd-dpp/presgripsiynu-annibynnol/](http://www.southwales.ac.uk/cymraeg/astudio/pynciau/graddau-nyrsio/cyrsiau-iechyd-dpp/presgripsiynu-annibynnol/)

### Prifysgol Bangor

Nyrsys, Proffesiynau Iechyd Perthynol a Radiograffwyr:

[www.bangor.ac.uk/cy/courses/postgraduate-taught/presgripsiynu-annibynnol](http://www.bangor.ac.uk/cy/courses/postgraduate-taught/presgripsiynu-annibynnol)

Fferyllwyr:

[www.bangor.ac.uk/cy/courses/postgraduate-taught/presgripsiynu-ifferyllwyr](http://www.bangor.ac.uk/cy/courses/postgraduate-taught/presgripsiynu-ifferyllwyr)

### Prifysgol Caerdydd

Fferyllwyr:

[www.cardiff.ac.uk/cy/study/postgraduate/taught/standalone-modules/pharmacist-independent-prescribing](http://www.cardiff.ac.uk/cy/study/postgraduate/taught/standalone-modules/pharmacist-independent-prescribing)

Nyrsys, Proffesiynau Iechyd Perthynol a Radiograffwyr:

[www.cardiff.ac.uk/cy/study/postgraduate/taught/courses/course/advanced-practice-non-medical-prescribing-pgcert-part-time](http://www.cardiff.ac.uk/cy/study/postgraduate/taught/courses/course/advanced-practice-non-medical-prescribing-pgcert-part-time)

Optometryddion:

[www.cardiff.ac.uk/cy/study/postgraduate/taught/courses/course/therapeutic-prescribing-for-optometrists](http://www.cardiff.ac.uk/cy/study/postgraduate/taught/courses/course/therapeutic-prescribing-for-optometrists)

**Prifysgol Abertawe**

Nyrsio/Bydwreigiaeth:

[www.swansea.ac.uk/cy/ol-raddedig/addysgir/iechyd-gofal-cymdeithasol/rhagnodi-an-feddygol-i-nyrsys-a-bydwragedd-pgcert/](http://www.swansea.ac.uk/cy/ol-raddedig/addysgir/iechyd-gofal-cymdeithasol/rhagnodi-an-feddygol-i-nyrsys-a-bydwragedd-pgcert/)

Fferyllwyr:

[www.swansea.ac.uk/cy/ol-raddedig/addysgir/iechyd-gofal-cymdeithasol/rhagnodi-anfeddygol-i-fferyllwyr-pgcert/](http://www.swansea.ac.uk/cy/ol-raddedig/addysgir/iechyd-gofal-cymdeithasol/rhagnodi-anfeddygol-i-fferyllwyr-pgcert/)

Proffesiynau Iechyd Perthynol a Radiograffwyr:

[www.swansea.ac.uk/cy/ol-raddedig/addysgir/iechyd-gofal-cymdeithasol/rhagnodi-anfeddygol-gweithwyr-proffesiynol-pgcert/](http://www.swansea.ac.uk/cy/ol-raddedig/addysgir/iechyd-gofal-cymdeithasol/rhagnodi-anfeddygol-gweithwyr-proffesiynol-pgcert/)

**Prifysgol Glyndŵr**

[www.wrexham.ac.uk/cy/cyrsiau/cyrsiau-ol-raddedig/rhagnodi-ar-gyfer-nyrsys/](http://www.wrexham.ac.uk/cy/cyrsiau/cyrsiau-ol-raddedig/rhagnodi-ar-gyfer-nyrsys/)

**Y Brifysgol Agored**

[www.open.ac.uk/postgraduate/modules/k803](http://www.open.ac.uk/postgraduate/modules/k803)

Mae rhaglenni darparu presgripsiynau annibynnol ac atodol yn cynnig dysgu cyfunol ac yn cynnwys ystod o addysgu wyneb yn wyneb ac ar-lein, a dysgu hunangyfeiriedig ac ymarferol. Gall yr asesu gynnwys amrywiaeth o ddulliau megis asesiadau ymarfer, arholiad clinigol strwythuredig gwrthrychol, rhifedd ac asesiad ysgrifenedig academaidd ac arholiadau ysgrifenedig.

Am fanylion cynnwys, cwricwlwm a meini prawf derbyn y rhaglenni addysg, cysylltwch â'r Sefydliad Addysg a Gymeradwyir yn uniongyrchol. Fel arall, gellir cael rhagor o wybodaeth gan y cyrff rheoleiddio perthnasol:

Y Cyngor Nyrsio a Bydwreigiaeth (NMC):  
[www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers/](http://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers/)

Y Cyngor Fferyllol Cyffredinol (GPhC):  
[www.pharmacyregulation.org/education/pharmacist-independent-prescriber](http://www.pharmacyregulation.org/education/pharmacist-independent-prescriber)

Cyngor y Proffesiynau Iechyd a Gofal (HCPC):  
[www.hcpc-uk.org/standards/standards-relevant-to-education-and-training/standards-for-prescribing/](http://www.hcpc-uk.org/standards/standards-relevant-to-education-and-training/standards-for-prescribing/)

Y Cyngor Optegol Cyffredinol (GOC):  
[www.optical.org/en/education-and-cpd/education/post-registration-qualifications/](http://www.optical.org/en/education-and-cpd/education/post-registration-qualifications/)

# Goruchwyllo mewn hyfforddiant a rôl Ymarferwyr Darparu Presgripsiynau Dynodedig

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Yn ystod eu hyfforddiant darparu presgripsiynau annibynnol, rhaid i hyfforddeion ymgymryd â chyfnod o ddysgu'n seiliedig ar ymarfer i atgyfnerthu a chyd-destunoli'r dysgu academaidd a ddarperir gan ddarparwr eu rhaglen hyfforddi. Mae'r Cyfnod Dysgu wrth Ymarfer (PLP) hwn yn galluogi'r dysgwr i roi theori ar waith; i ddatblygu a dangos cymhwysedd fel darparwr presgripsiynau o dan oruchwyliaeth ymarferydd darparu presgripsiynau profiadol.

Yn hanesyddol, mae meddygon wedi darparu'r oruchwyliaeth hon fel ymarferwyr meddygol goruchwyllo dynodedig (DSMPs) sy'n gyfrifol am ganfod a yw hyfforddeion wedi cyflawni'r deilliannau dysgu angenrheidiol ac wedi ennill y cymwyseddau a ddiffinnir gan y cyrff proffesiynol, statudol a rheoleiddiol perthnasol a'r Sefydliad Addysg a Gymeradwyir (AEI) sy'n cynnal y rhaglen darparu presgripsiynau.

Mae newidiadau i reoleiddio proffesiynol wedi galluogi rhai darparwyr presgripsiynau annibynnol i ymgymryd â rôl ymarferydd goruchwyllo dynodedig ar gyfer y Cyfnod Dysgu wrth Ymarfer (PLP), yn ogystal â meddygon. Mae'r newidiadau rheoliadol hyn yn gwella mynediad at gyfleoedd hyfforddi i'r rhai sy'n gymwys i ddarparu presgripsiynau, gyda'r potensial i gynyddu nifer y darparwyr presgripsiynau annibynnol. Mae'r Cyfnod Dysgu wrth Ymarfer (PLP) yn hanfodol i ddatblygu darparwyr presgripsiynau diogel ac effeithiol. Mae rôl yr ymarferydd dynodedig yn ganolog i'r Cyfnod, ac o'r herwydd mae sicrhau ansawdd y rôl hon yn

hanfodol. Pan fo darparwyr presgripsiynau anfeddygol yn goruchwyllo hyfforddai, fe'u gelwir yn Ymarferwyr Darparu Presgripsiynau Dynodedig (DPP).

Dyma sut mae [Fframwaith Cymwyseddau ar gyfer Ymarferwyr Darparu Presgripsiynau Dynodedig](#) y Gymdeithas Fferyllol Frenhinol (RPS) yn disgrifio nod rôl DPP:

Goruchwyllo, cefnogi ac asesu cymhwysedd hyfforddeion darparu presgripsiynau anfeddygol, mewn cydweithrediad â phartneriaid academaidd a phartneriaid y gweithle, yn ystod y cyfnod dysgu wrth ymarfer.

Term ymbarél yw DPP a ddefnyddir i ddod â nifer o deitlau gwahanol sy'n benodol i broffesiynau gwahanol at ei gilydd. Dyma'r teitlau a ddefnyddir gan reoleiddwyr proffesiynol ac sy'n cael eu cynnwys yn y term Ymarferydd Darparu Presgripsiynau Dynodedig (DPP) yng nghyd-destun hyfforddiant darparu presgripsiynau:

- Ymarferydd Meddygol Dynodedig (DMP);
- Ymarferydd Darparu Presgripsiynau Dynodedig (DPP);
- Goruchwylwr Ymarfer;
- Asesydd Ymarfer; ac
- Addysgwr Ymarfer.

Mae'r RPS hefyd wedi datblygu [fframwaith](#) cefnogol ar gyfer Ymarferwyr Darparu Presgripsiynau Dynodedig sy'n ddefnyddiol wrth ystyried y rolau a'r cyfrifoldebau hyn.

# Fframwaith cymwyseddau ar gyfer pob darparwr presgripsiynau

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Mae'r RPS yn rheoli'r fframwaith cymwyseddau ar ran yr holl broffesiynau darparu presgripsiynau yn y Deyrnas Unedig gan gynnwys yng Nghymru. Cyhoeddwyd y fframwaith cymwyseddau am y tro cyntaf gan yr RPS yn 2016.

Yn 2021 diweddarwyd y [fframwaith](#) yn dilyn adolygiad a newidiadau deddfwriaethol i ddarparu presgripsiynau. Mae wedi'i fabwysiadu gan bob corff rheoleiddio proffesiynol, ac mae'n sail i asesu cymhwysedd darparu presgripsiynau gan bob sefydliad addysgol yn y Deyrnas Unedig.

Mae'r fframwaith yn nodi sut beth yw darparu presgripsiynau da ac mae'n cynnig strwythur sy'n disgrifio'r wybodaeth, y sgiliau, y nodweddion, y rhinweddau a'r ymddygiadau y gellir eu harddangos ac sy'n ganolog i berfformiad diogel ac effeithiol mewn rôl darparu presgripsiynau.

Mae'n fframwaith generig ar gyfer pob darparwr presgripsiynau, ond rhaid iddo gael ei gyd-destunoli i adlewyrchu gwahanol feysydd ymarfer, lefelau arbenigedd a lleoliadau.

# Datblygiad Proffesiynol Parhaus

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Mae gan bob ymarferydd gofal iechyd cofrestredig gyfrifoldeb proffesiynol i aros yn ymwybodol o'r datblygiadau clinigol a phroffesiynol diweddaraf. Mae hyn yn cynnwys darparu presgripsiynau. Mae gan Addysg a Gwella Iechyd Cymru Safonau ar gyfer Sicrhau Cymhwyseddau Darparwyr Presgripsiynau Anfeddygol yng Nghymru, sy'n nodi bod gofyn i bob darparwr presgripsiynau anfeddygol ddarparu tystiolaeth o'u cymhwysedd parhaus i ddarparu presgripsiynau drwy gynnal portffolio tystiolaeth. Bydd hyn yn cynnwys cofnodion datblygiad proffesiynol parhaus a gweithgareddau proffesiynol eraill.

Mae'n ofynnol i ddarparwyr presgripsiynau ddangos datblygiad proffesiynol parhaus yn eu maes ymarfer darparu presgripsiynau. Gallai hyn gynnwys ymgymryd â rhaglenni addysg a hyfforddiant parhaus neu astudio hunangyfeiriedig.

Bydd gofyn i ddarparwyr presgripsiynau annibynnol a/neu atodol gael yr wybodaeth ddiweddaraf am dystiolaeth ac arfer gorau wrth reoli'r cyflyrau y maent yn darparu presgripsiynau ar eu cyfer, ac wrth ddefnyddio'r meddyginiaethau perthnasol.

Dylai cyflogwyr sicrhau bod y darparwr presgripsiynau annibynnol neu atodol wedi cadw eu harfer darparu presgripsiynau'n berthnasol ac yn gyfredol, drwy broses arfarnu flynyddol a, lle bo angen, drwy ailddilysu. Mae gan gyflogwyr ddyletswydd i sicrhau bod gan ddarparwyr presgripsiynau fynediad at yr addysg a'r hyfforddiant perthnasol sy'n berthnasol i'w rôl.

# Ehangu cwmpas ymarfer

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Mae yna adegau pan fydd angen i ddarparwyr presgripsiynau ehangu neu newid cwmpas eu hymarfer darparu. Gall yr adegau hyn gynnwys:

- Pan fônt yn hyderus o fewn cwmpas eu hymarfer darparu presgripsiynau presennol ond bod ganddynt nifer cyfyngedig o feddyginiaethau y maent yn eu darparu, a bod angen ehangu ar hynny.
- Pan fônt yn hyderus o fewn cwmpas eu hymarfer darparu presgripsiynau presennol ond eu bod yn nodi meysydd pellach a fyddai'n helpu i wella gofal cleifion, e.e. lle mai'r cwmpas cyfredol yw rheoli poen cronig, ond bod cyfran fawr o'r cleifion yn dioddef iechyd meddwl gwael ac y byddai rheoli cyflyrau iechyd meddwl fel iselder yn estyniad naturiol i'r rôl.
- Pan fo gwasanaeth newydd yn cael ei sefydlu, e.e. darparu presgripsiynau ar gyfer mân anhwylderau gynt, ond eisiau darparu presgripsiynau mewn gwasanaeth rheoli poen yn awr.

- Newid rôl.
- Newid lleoliad, e.e. symud o ofal sylfaenol i ofal eilaidd.

Mae'r RPS wedi datblygu canllawiau i helpu darparwyr presgripsiynau o bob proffesiwn ehangu cwmpas eu hymarfer yn ddiogel. Mae [Canllawiau Proffesiynol: Ehangu Cwmpas Ymarfer Darparu Presgripsiynau](#) yn cefnogi'r fframwaith cymwyseddau darparu presgripsiynau ac yn darparu strwythur i helpu darparwyr presgripsiynau i nodi eu hanghenion datblygu, tynnu sylw at ffyrdd y gellir eu bodloni, a chynnig arweiniad ar sut i gofnodi'r broses a'r canlyniadau.

# Cydweithio

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Mae gweithio fel tîm yn hanfodol wrth sicrhau bod y claf yn derbyn gwasanaeth di-dor a bod gweithwyr gofal iechyd proffesiynol eraill ar gael i ddarparu cyngor a gwasanaethau y tu allan i faes cymhwysedd ac arbenigedd darparwyr presgripsiynau anfeddygol unigol.

Dylai trefniadau fod ar waith er mwyn trafod achosion unigol, ac er mwyn atgyfeirio at staff meddygol a gweithwyr gofal iechyd proffesiynol eraill.

## Darparu presgripsiynau atodol

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- Gall meddyg neu ddeintydd weithio gydag un neu fwy o ddarparwyr presgripsiynau atodol.
- Gall darparwr presgripsiynau atodol weithio gydag un neu fwy o feddygon neu ddeintyddion.
- Yn y berthynas darparu presgripsiynau atodol, bydd y meddyg neu'r deintydd yn gyfrifol am:
  - asesiad clinigol cychwynnol a diagnosis y claf ac am gytuno ar gynllun rheoli clinigol gyda'r darparwr presgripsiynau atodol;
  - penderfynu pa feddyginiaethau y gall y darparwr presgripsiynau atodol eu rhoi gan gofio profiad a meysydd arbenigedd y darparwr atodol;
  - darparu cyngor a chymorth i'r darparwr presgripsiynau atodol yn ôl y gofyn;
  - cyfathrebu gyda'r darparwr presgripsiynau atodol yn ôl yr angen;
- rhannu cofnod y claf gyda'r darparwr presgripsiynau atodol;
- penderfynu pryd mae angen adolygiad clinigol ffurfiol;
- cynnal yr adolygiad clinigol ffurfiol ar yr adeg y cytunwyd arni, gyda'r darparwr presgripsiynau atodol yn ddelfrydol; ac
- adrodd am ddiwyddiadau niweidiol.

## Darparu presgripsiynau annibynnol

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Bydd darparwyr presgripsiynau annibynnol sy'n Nyrsys Cofrestredig, fferyllwyr, optometryddion, ffisiotherapyddion, parafeddygon, podiatryddion neu radiograffwyr therapiwtig yn gweithio'n annibynnol ac yn gyfrifol am yr holl benderfyniadau darparu presgripsiynau yn eu maes cymhwysedd.

Mewn rhai achosion, efallai y bydd y meddyg neu'r deintydd eisoes wedi gwneud yr asesiad clinigol cychwynnol a'r diagnosis gan weithio mewn partneriaeth â'r darparwr presgripsiynau anfeddygol. Mewn achosion eraill, ni fydd hyn mewn lle a bydd gofyn i'r darparwr presgripsiynau annibynnol wneud yr asesiad a'r diagnosis. Am y rheswm hwn, dylai darparwyr annibynnol ddarparu presgripsiynau o fewn maes eu harbenigedd a'u cymhwysedd yn unig, a gweithredu mewn amgylchedd sy'n caniatáu atgyfeirio at weithwyr gofal iechyd proffesiynol eraill a derbyn cyngor ganddynt.

# Atebolrwydd cyfreithiol a phroffesiynol

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## Indemniad proffesiynol

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Rhaid i bob darparwr presgripsiynau sicrhau bod ganddynt yswiriant indemniad proffesiynol digonol sy'n berthnasol i'w hymarfer clinigol.

Mae'n rhaid i fferyllwyr gael indemniad proffesiynol ar waith er mwyn cael eu cofrestrriad proffesiynol gyda'r Cyngor Fferyllol Cyffredinol.

Mae'r Cyngor Nyrsio a Bydwreigiaeth yn argymhell y dylai pob darparwr presgripsiynau sy'n nyrs neu'n fydwraig sicrhau bod yswiriant indemniad proffesiynol ganddi neu ganddo, drwy sefydliad proffesiynol neu gorff undeb llafur. Rhaid i ddarparwyr presgripsiynau hefyd fod yn ymwybodol o lefel yr yswiriant indemniad a gynigir gan eu hyswiriwr er mwyn penderfynu a yw'n ddigonol.

Mae Coleg yr Optometryddion o'r farn bod yn rhaid i bob darparwr presgripsiynau sy'n optometrydd sicrhau bod yswiriant indemniad proffesiynol ganddynt. Rhaid i optometryddion sicrhau bod eu hyswiriad indemniad yn eu diogelu ar gyfer cwmpas eu hymarfer darparu presgripsiynau.

Mae'r Cyngor Proffesiynau Iechyd a Gofal yn nodi ei bod yn ofynnol i'r sawl sy'n cael eu cofrestru fod â threfniant indemniad proffesiynol ar waith fel amod o'u cofrestrriad.

## Atebolrwydd a chyfrifoldebau darparwyr presgripsiynau anfeddygol

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Mae darparwyr anfeddygol yn atebol am eu holl benderfyniadau wrth ddarparu presgripsiynau ac unrhyw ganlyniadau sy'n deillio ohonynt. Felly, dim ond meddyginiaethau y maent yn gwybod sy'n ddiogel ac yn effeithiol i'r claf a'r cyflwr sy'n cael ei drin y dylent eu rhoi ar bresgripsiwn. Rhaid iddynt allu adnabod a delio â phwysau a gwrthdaro buddiannau a allai arwain at ddarparu presgripsiynau yn amhriodol.

Pan fo'r ymarferydd yn gymwys i weithio fel darparwr presgripsiynau atodol yn unig, ni ddylent ddarparu presgripsiynau y tu allan i'r cynllun rheoli clinigol y cytunwyd arno. Byddai gwneud hynny yn broblem llywodraethu clinigol i'w cyflogwr, comisiynydd neu reoleiddiwr proffesiynol ddelio â hi.

Yn ogystal, mae darparwyr presgripsiynau anfeddygol yn atebol yn broffesiynol i'w cyrff rheoleiddio proffesiynol priodol a rhaid iddynt weithredu yn unol â'r safonau proffesiynol a'r cod moeseg ac ymddygiad perthnasol.

Dylai pob darparwr presgripsiynau sicrhau bod ganddynt yswiriant indemniad proffesiynol digonol ar waith i gwmpasu'r gweithgareddau y maent yn ymgymryd â nhw fel rhan o'u rôl darparu presgripsiynau.



## Atebolrwydd a chyfrifoldebau cyflogwyr

Pan fo darparwr presgripsiynau anfeddygol sydd wedi'i hyfforddi'n briodol ac sydd wedi'i gymhwysu'n briodol yn rhoi presgripsiynau fel rhan o'i ddyletswyddau proffesiynol gyda chydysyniad ei gyflogwr, mae'r cyflogwr hefyd yn atebol am weithredoedd y darparwr presgripsiynau gan fod ganddo gyfrifoldeb drosto.

Er mwyn cefnogi'r broses hon, mae'r Safonau ar gyfer Sicrhau Cymhwysedd Darparwyr Presgripsiynau Anfeddygol yng Nghymru yn cefnogi dull "Unwaith i Gymru" wrth sicrhau ansawdd gweithlu'r darparwyr presgripsiynau anfeddygol yng Nghymru. Maent yn gosod y gofynion sylfaenol ar ddarparwyr presgripsiynau anfeddygol a'u cyflogwyr, o ran darparu tystiolaeth ac adolygu cymhwysedd i ddarparu presgripsiynau dros amser.

Mae fframwaith cymhwyseddau'r RPS yn ei gwneud yn ofynnol i gynnal yr hyder a'r cymhwysedd i ddarparu presgripsiynau. Mae'r fframwaith yn nodi pwysigrwydd gallu dangos cymhwysedd i ddarparu presgripsiynau dros amser. Mae'r pwyntiau canlynol yn nodi'r gofynion sylfaenol er mwyn i ddarparwyr presgripsiynau anfeddygol ddangos eu cymhwysedd i ddarparu presgripsiynau dros amser:

Dylai'r cyflogwr a'r cyflogai (neu'r contractwr) sicrhau:

- bod gan y cyflogai y cymwysterau a'r gallu i ddarparu presgripsiynau yn y maes ymarfer dan sylw;
- bod disgrifiad swydd y cyflogai (neu'r trefniadau y cytunwyd arnynt gyda chontractwr) yn cynnwys datganiad clir bod angen darparu presgripsiynau fel rhan o ddyletswyddau'r swydd neu'r gwasanaeth hwnnw;
- bod y cyflogai a'r cyflogwr yn cynnal arfarniad ac adolygiad rheolaidd (blynyddol), gan gymryd rhan mewn gofynion ailddilysu;
- bod gwiriad gan y Gwasanaeth Datgelu a Gwahardd (DBS) wedi'i gynnal ar gyfer y cyflogai o fewn amserlen ddigonol er mwyn nodi unrhyw weithgaredd troseddol a allai beryglu cleifion. Mae hyn yn arbennig o bwysig lle mae rolau wedi newid o ganlyniad i gymwysterau darparu presgripsiynau.

Mae hefyd yn arfer da i gyflogwyr:

- ymgymryd â gwiriad DBS wrth benodi aelod newydd o staff. Dylai cyflogwyr roi ystyriaeth o ddifrif i gynnal gwiriad DBS newydd ar gyfer aelodau staff sydd wedi cael eu cyflogi am gyfnodau hir, a lle mae cyflogwyr yn helpu darparwyr presgripsiynau annibynnol i ymestyn eu rôl;
- cynnal cofrestr o'r darparwyr presgripsiynau annibynnol ac atodol sy'n gweithio yn eu cymuned gofal iechyd ynghyd â chopi o lofnod y darparwr presgripsiynau.

# Cadw cofnodion

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Mae'n ofynnol i bob gweithiwr iechyd proffesiynol gadw cofnodion cywir, darllenadwy, diamwys a chyfoes o ofal claf.

Yr arfer gorau yw rhoi manylion unrhyw bresgripsiwn, ynghyd â manylion eraill ymgynghoriadau cleifion, ar y cofnod a rennir ar unwaith, neu fel arall, cyn gynted â phosib ar ôl yr ymgynghoriad. Dim ond mewn amgylchiadau eithriadol iawn (e.e. pan ddaw penwythnos neu wyliau cyhoeddus yn syth wedyn) y dylai'r cyfnod hwn fod yn fwy na 48 awr o ddyddiad ysgrifennu'r presgripsiwn. Yn ogystal, mae'n bwysig sicrhau bod y darparwr presgripsiynau hefyd yn adolygu'r claf a bod dyddiad yr adolygiad a chanlyniadau'r ymgynghoriad adolygu yn cael eu cofnodi.

Ar hyn o bryd nid oes un model na thempled ar gyfer cofnod claf (ond os am ganllawiau, dylai staff gyfeirio at unrhyw safonau a gyhoeddir gan eu corff rheoleiddio proffesiynol). Bydd cofnod da yn darparu'r wybodaeth sydd ei hangen ar bob gweithiwr proffesiynol sy'n ymwneud â thriniaeth claf, er mwyn darparu gofal diogel ac effeithiol iddynt mewn modd amserol.

Argymhellir bod unrhyw gofnod yn nodi:

- dyddiad y presgripsiwn;
- enw'r darparwr presgripsiynau (a'u bod yn gweithredu fel darparwr presgripsiynau annibynnol neu atodol sy'n nyrs/fferylllydd neu'n weithiwr perthynol i iechyd);
- enw'r eitem ar y presgripsiwn, ynghyd â'r maint (neu'r ddos, pa mor aml a beth yw hyd y driniaeth);
- dyddiad yr adolygiad ar gyfer dilyniant y claf a chrynodeb o'r ymgynghoriad.

Er mwyn helpu i roi meddyginiaethau'n ddiogel, dylai'r cofnod gynnwys:

- enw'r feddyginiaeth ar y presgripsiwn;
- cryfder y cymysgedd (os yw'n berthnasol);
- amserlen y dosio (neu amllder rhoi cynnyrch ar y croen); a
- thrwy ba lwybr y bydd y cynnyrch yn mynd i gorff y claf.

Gyda dresinau ac offer, gall fod yn ddefnyddiol cofnodi manylion sut y cânt eu rhoi ar y claf a pha mor aml y cânt eu newid.

Argymhellir cofnodi unrhyw gyngor sy'n cael ei roi i'r claf ynglŷn â meddyginiaethau ar y Rhestr Werthu Gyffredinol a meddyginiaethau Fferyllfa y dylai'r claf eu prynu eu hunain hefyd.

Mae rhagor o wybodaeth am [ysgrifennu presgripsiwn](#) ar gael yn adran ysgrifennu presgripsiynau'r BNF.

# Rhoi gwybod am adweithiau niweidiol i gyffuriau

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Anogir pob darparwr presgripsiynau i roi gwybod am adweithiau niweidiol posib i gyffuriau drwy [gynllun adrodd ar Gerdyn Melyn](#) yr Asiantaeth Rheoleiddio Cynhyrchion Meddygaeth a Gofal Iechyd (MHRA). Yr MHRA a'r Comisiwn ar Feddyginiaethau Dynol (CHM) sy'n cynnal y cynllun, ac fe'i defnyddir i gasglu gwybodaeth gan weithwyr iechyd proffesiynol a chleifion pan fo lle i amau bod adwaith niweidiol i gyffur (ADR).

Cesglir adroddiadau cardiau melyn gan weithwyr iechyd proffesiynol ac aelodau'r cyhoedd ynghylch:

- meddyginiaethau presgripsiwn;
- meddyginiaethau llysiuol;
- meddyginiaethau dros y cownter (OTC); a
- meddyginiaethau didrwydded gan gynnwys triniaethau cosmetig.

Gellir gwneud adroddiadau i'r cynllun [www.yellowcard.mhra.gov.uk/](http://www.yellowcard.mhra.gov.uk/) neu ddefnyddio'r ap Cardiau Melyn ar ffôn clyfar. Mae'r ap ar gael i'w lawrlwytho am ddim o [iTunes](#) ar gyfer dyfeisiau iOS neu [PlayStore](#) ar gyfer dyfeisiau Android.

Gellir defnyddio'r ap Cardiau Melyn:

- I roi gwybod am adwaith niweidiol posib (ADR) i feddyginiaeth, gan gynnwys brechlynnau, cynhyrchion llysiuol, a meddyginiaethau homeopathig;
- I dderbyn yr holl wybodaeth diogelwch ddiweddaraf mae'r MHRA yn ei chyhoeddi, gan gynnwys Diweddariadau Diogelwch Cyffuriau, yn y ffrwd newyddion;
- I greu rhestrau gwyllo er mwyn derbyn gwybodaeth ddiogelwch newydd am y meddyginiaethau sy'n berthnasol i chi;
- I weld nifer yr adroddiadau a dderbyniwyd gan yr MHRA ar gyfer meddyginiaethau a brechlynnau penodol; ac
- I weld yr adroddiadau rydych chi wedi eu hanfon yn flaenrol fel defnyddiwr cofrestredig.

Gellir cael cardiau melyn copi caled o gefn copïau caled o'r BNF, neu gellir eu llwytho i lawr [www.yellowcard.mhra.gov.uk/resources/reportingforms](http://www.yellowcard.mhra.gov.uk/resources/reportingforms).

# Ffurflenni presgripsiwn ac ati

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## Archebu ffurflenni presgripsiwn (gofal sylfaenol)

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Gellir cael gwybodaeth am archebu/cofrestru fel darparwr presgripsiynau anfeddygol mewn gofal sylfaenol yn GIG Cymru gan [Bartneriaeth Cydwasanaethau GIG Cymru](#).

Dylai darparwyr presgripsiynau annibynnol sy'n gweithio mewn ysbytai yng Nghymru yn unig gysylltu â'u cyflogwr am gyngor.

## Storio ffurflenni presgripsiwn

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Mae darparwyr presgripsiynau yn gyfrifol am eu padiau presgripsiwn a dylid cymryd pob rhagofal rhesymol i atal eu colli a defnydd amhriodol ohonynt. Ni ddylid llofnodi ffurflenni presgripsiwn gwag ymlaen llaw cyn eu defnyddio.

Mae presgripsiynau'n ddeunydd ysgrifennu a reolir a dylid eu storio'n ddiogel.

Dylid gwneud cofnod o rif cyfresol cyntaf ac olaf pob pad presgripsiynau a roddir i ddarparwr presgripsiynau. Mae'n arfer da cofnodi rhif cyfresol y ffurflen bresgripsiwn gyntaf sy'n weddill ar ddiwedd pob diwrnod gwaith. Bydd hyn yn helpu i adnabod unrhyw ffurflenni sydd wedi'u colli neu eu dwyn.

## Ffurflenni presgripsiwn wedi'u dwyn

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Os bydd presgripsiynau'n mynd ar goll neu bod amheuaeth eu bod wedi'u dwyn, rhaid i'r darparwr presgripsiynau roi gwybod i'w rheolwr llinell ar unwaith. Dylai'r rheolwr roi gwybod i'r Bwrdd Iechyd Lleol/Ymddiriedolaeth Iechyd a swyddfa Gwasanaethau Gofal Sylfaenol Partneriaeth Cydwasanaethau GIG Cymru y maent yn archebu ffurflenni ohoni [www.pcg.cig.cymru/cysylltu-a-ni/manylion-cyswllt-gwasanaethau-cyffredinol/](http://www.pcg.cig.cymru/cysylltu-a-ni/manylion-cyswllt-gwasanaethau-cyffredinol/).

## Dinistrio ffurflenni presgripsiwn

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Os yw ymarferwyr sydd wedi gweithio fel darparwyr presgripsiynau yn newid rôl, yn gadael y sefydliad neu nad oes ganddynt gyfrifoldeb dros ddarparu presgripsiynau bellach, yna rhaid iddynt ddychwelyd unrhyw bresgripsiynau sy'n weddill i'r cyflogwr. Dylai'r cyflogwr roi gwybod i Bartneriaeth Cydwasanaethau GIG Cymru am y newid a rhaid dinistrio pob ffurflen bresgripsiwn nas defnyddiwyd yn unol â gweithdrefnau lleol. Bydd y bwrdd iechyd neu'r Ymddiriedolaeth GIG y mae'r darparwr presgripsiynau wedi'i contractio iddi yn gallu rhoi cyngor am y gweithdrefnau lleol ar gyfer dinistrio diogel.

# Delio â sefyllfaoedd penodol

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## Gwahanu darparu presgripsiwn a gweinyddu neu roi'r meddyginiaethau

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Lle bynnag y bo'n bosib, dylai darparwyr presgripsiynau wahanu darparu presgripsiynau a rhoi meddyginiaethau (ac ar gyfer fferyllwyr, darparu presgripsiynau a gweinyddu'r meddyginiaethau). Mewn amgylchiadau eithriadol, pan fo un unigolyn yn ymwneud â darparu presgripsiwn a rhoi meddyginiaeth i'r un claf, dylai ail berson cymwys fod yn rhan o wirio cywirdeb y meddyginiaethau a ddarperir. Mae hyn yn arbennig o bwysig pan fo'r feddyginiaeth yn gyffur a reolir.

## Darparu presgripsiwn ar eich cyfer chi eich hun, eich ffrindiau a'ch teulu

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Ni ddylai darparwyr presgripsiynau anfeddygol fyth ddarparu presgripsiwn ar gyfer unrhyw feddyginiaeth ar eu cyfer hwy eu hunain. Ni ddylent roi meddyginiaeth ar bresgripsiwn ychwaith ar gyfer unrhyw un y mae ganddynt berthynas bersonol neu emosiynol agos â nhw, ac eithrio mewn amgylchiadau eithriadol.

## Breintiau ac anrhegion

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Mae Rheoliadau Meddyginiaethau (Hysbysebu) 1994 yn rheoleiddio hysbysebu a hyrwyddo meddyginiaethau yn llym, ac mae'n bwysig mai dim ond ar sail tystiolaeth, addasrwydd clinigol a bod yn gost-efeithiol y mae darparwyr presgripsiynau anfeddygol yn dewis cynnyrch meddyginiaethol i'w cleifion.

Gwaherddir anrhegion personol, ac mae'n drosedd i ofyn am, neu dderbyn, anrheg neu gymhelliad gwaharddedig. Dylai darparwyr presgripsiynau bob amser ddilyn polisiau'r sefydliad sy'n eu cyflogi a chwblhau'r datganiadau perthnasol ar gyfer derbyn breintiau ac anrhegion.

Gall cwmnïau hefyd gynnig lletygarwch mewn cyfarfod proffesiynol neu wyddonol neu mewn cyfarfodydd a gynhelir i hyrwyddo meddyginiaethau, ond dylai lletygarwch o'r fath fod yn rhesymol o ran lefel ac yn llai pwysig na phrif bwrpas y cyfarfod. Dylai byrddau iechyd, Ymddiriedolaethau'r GIG, ac Awdurdodau Iechyd Arbennig gael polisiau lleol ar gyfer gweithio gyda'r diwydiant fferyllol, sy'n cwmpasu breintiau ac anrhegion, yn ogystal ag, er enghraifft, mynediad at ddarparwyr presgripsiynau a noddi. Dylai darparwyr presgripsiynau ymglyfarwyddo â'r polisiau hyn a disgwylir iddynt gadw atynt.

# Ymarfer fel darparwr presgripsiynau anfeddygol

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## Cofrestru gyda'r rheoleiddiwr proffesiynol perthnasol

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### Cofrestr y Cyngor Nyrsio a Bydwreigiaeth ar gyfer darparwyr presgripsiynau sy'n Nyrsys Cofrestredig a bydwragedd

Bydd y Sefydliad Addysg a Gymeradwyir (AEI) yn rhoi manylion y myfyrwyr hynny sydd wedi pasio'r cwrs darparwr presgripsiynau perthnasol i'r Cyngor Nyrsio a Bydwreigiaeth (NMC), drwy'r prosesau adrodd arferol. Mae'r NMC yn derbyn y dull yma o nodi ar y gofrestr ar gyfer darparwyr presgripsiynau atodol ac annibynnol.

Unwaith y bydd yr NMC wedi derbyn cadarnhad bod yr unigolyn wedi bodloni'r safon ofynnol, byddant yn ysgrifennu at y nyrs yn eu hysbysu o'r hyn y mae angen iddynt ei wneud er mwyn derbyn nodyn cod V300 wrth eu henw ar y gofrestr, fydd yn dangos eu bod yn ddarparwr presgripsiynau annibynnol neu atodol cymwysedig. Rhaid i'r cymhwyster gael ei gofrestru gyda'r NMC o fewn 5 mlynedd ar ôl cwblhau'r hyfforddiant neu bydd angen i'r ymarferydd ailsefyll y cwrs.

Mae'n rhaid i ymarferwyr sy'n cofnodi eu hawl i ddarparu presgripsiynau fel cymhwyster ar y gofrestr dalu ffi. Mae manylion y ffioedd ar gael gan yr NMC.

Bydd yr NMC yn ysgrifennu at y nyrs ac yn rhoi gwybod iddynt pan fydd y gofrestr wedi'i diweddarau. Bydd hyn rhwng 7 a 14 niwrnod ar ôl derbyn y taliad.

Ni ddylai nyrs ddarparu presgripsiynau nes eu bod wedi cael gwybod gan yr NMC bod nodyn wrth eu henw ar y gofrestr.

Dylid cyfeirio gwybodaeth am y broses gofrestru at

[www.nmc.org.uk/registration/](http://www.nmc.org.uk/registration/)

### Cofrestr y Cyngor Fferyllol Cyffredinol ar gyfer darparwyr presgripsiynau sy'n fferyllwyr

Er mwyn ymarfer fel darparwr presgripsiynau, rhaid i fferylllydd gael nodyn wrth eu henw ar gofrestr y Cyngor Fferyllol Cyffredinol (GPhC).

Drwy weithdrefnau adrodd y cytunwyd arnynt, mae darparwyr cyrsiau darparu presgripsiynau annibynnol yn anfon manylion fferyllwyr sydd wedi pasio eu cwrs at y GPhC.

Er mwyn cael nodyn wrth eu henw, rhaid i fferyllwyr wneud cais yn unigol i'r GPhC gan ddefnyddio'r [ffurflen gais ar-lein](#).

Rhaid cyflwyno ceisiadau i'r GPhC o fewn chwe mis i ddyddiad dyfarnu'r cwrs.

Mae'n rhaid talu ffi er mwyn cael nodyn wrth eich enw. Mae manylion y ffioedd ar gael gan y GPhC.

Ni ddylai fferylllydd weithredu fel darparwr presgripsiynau annibynnol hyd nes y bydd y GPhC wedi rhoi gwybod iddynt bod nodyn wrth eu henw ar y gofrestr.

Mae'r GPhC yn darparu [cyfleuster chwilio ar-lein](#) er mwyn i unrhyw un allu gwirio a yw fferylllydd wedi ei nodi fel darparwr presgripsiynau annibynnol neu atodol.

Ar gyfer ymholiadau am y broses o roi nodyn ar y gofrestr, cysylltwch â'r GPhC drwy e-bost:

[registers@pharmacyregulation.org](mailto:registers@pharmacyregulation.org).

Mae croeso i chi ohebu â'r GPhC yn Gymraeg neu yn Saesneg. Pan dderbynnir gohebiaeth yn Gymraeg, mae'r GPhC wedi ymrwymo i ymateb yn Gymraeg.

### **Cofrestr y Cyngor Optegol Cyffredinol (GOC) ar gyfer darparwyr presgripsiynau sy'n optometryddion**

Mae optometryddion yn ennill cymhwyster sydd wedi'i gymeradwyo gan y Cyngor Optegol Cyffredinol ac sy'n arwain at gofnod arbenigol ar gofrestr y Cyngor.

Gellir dod o hyd i wybodaeth am gysylltu â'r Cyngor Optegol Cyffredinol ar [www.optical.org/en/about-us/contact-us/](http://www.optical.org/en/about-us/contact-us/).

Ni ddylai optometryddion weithredu fel darparwyr presgripsiynau nes iddynt gael gwybod gan adran gofrestru'r Cyngor Optegol Cyffredinol (GOC) bod eu cofrestriad yn cynnwys cofnod ar gofrestr arbenigol y Cyngor ar gyfer darparwyr presgripsiynau annibynnol (IP).

### **Cofrestr Cyngor y Proffesiynau Iechyd a Gofal (HCPC) ar gyfer darparwyr presgripsiynau sy'n ffisiotherapyddion, parafeddygon, podiatryddion, radiograffwyr therapiwtig a dietegwyr**

Bydd y Sefydliad Addysg a Gymeradwyr (AEI) yn darparu rhestr drwy'r prosesau adrodd arferol, gyda manylion y myfyrwyr sydd wedi pasio'r cwrs darparu presgripsiynau perthnasol. Mae Cyngor y Proffesiynau Iechyd a Gofal (HCPC) yn diweddarau'r gofrestr yn awtomatig.

Gall y broses gofrestru gymryd 7 i 14 diwrnod ar ôl i Gyngor y Proffesiynau Iechyd a Gofal (HCPC) gael y rhestr o fyfyrwyr llwyddiannus sydd wedi cwblhau cwrs darparu presgripsiynau anfeddygol gan y Sefydliadau Addysg a Gymeradwyr (AEI).

Ni ddylai'r darparwr presgripsiynau proffesiynol sy'n radiograffydd neu'n weithiwr perthynol i iechyd weithio fel darparwr presgripsiynau nes bod darparu

presgripsiynau annibynnol (neu atodol) yn ymddangos wrth eu henw ar y gofrestr ar-lein.

Gall gweithwyr proffesiynol perthynol ym maes iechyd a radiograffwyr sydd ag ymholiadau am y broses gofrestru gysylltu ag adran gofrestru [Cyngor y Proffesiynau Iechyd a Gofal \(HCPC\)](#).

## **Cofrestru gyda Phartneriaeth Cydwasanaethau GIG Cymru**

Rhaid i unrhyw ddarparwyr presgripsiynau annibynnol sydd angen presgripsiynau WP10 y Gwasanaeth Iechyd (i'w defnyddio mewn gofal sylfaenol neu ar gyfer cleifion allanol ysbytai) gofrestru gyda [Partneriaeth Cydwasanaethau GIG Cymru](#).

Nid oes angen i ddarparwyr presgripsiynau annibynnol sy'n defnyddio ffurflenni ar wahân i gyfres WP10, h.y. ffurflenni penodol i ysbyty arbennig, gofrestru gyda Partneriaeth Cydwasanaethau GIG Cymru.

Rhaid rhoi manylion darparwyr presgripsiynau sy'n bwriadu defnyddio ffurflenni WP10 ar gyfer eu presgripsiynau i Bartneriaeth Cydwasanaethau GIG Cymru – Gwasanaethau Gofal Sylfaenol, gan ddefnyddio un o'r ffurflenni isod:

Gellir cael ffurflenni hysbysu am ddarparwyr presgripsiynau anfeddygol ar [www.pcg.cymru/ein-gwasanaethau/gwasanaethau-gofal-sylfaenol/presgripsiynwyr-anfeddygol/](http://www.pcg.cymru/ein-gwasanaethau/gwasanaethau-gofal-sylfaenol/presgripsiynwyr-anfeddygol/)

Mae rhoi gwybod i Bartneriaeth Cydwasanaethau GIG Cymru am y manylion gofynnol yn fodd o sefydlu prosesau monitro awtomatig yn ogystal â rhoi manylion darparwyr presgripsiynau i'r Cyflenwr Rheoli Print er mwyn argraffu padiau presgripsiwn personol.

Bydd Partneriaeth Cydwasanaethau GIG Cymru – Gwasanaethau Gofal Sylfaenol yn cofrestru'r darparwr presgripsiynau ar

gyllideb bresgripsiynau benodol gydag un o'r byrddau iechyd. Os yw'r darparwr presgripsiynau yn gweithio mewn mwy nag un lleoliad, e.e. mewn dwy feddygfa, mae angen cofrestru ar wahân ar gyfer pob lleoliad.

Cyn cofrestru gyda Phartneriaeth Cydwasaethau GIG Cymru, rhaid i'r darparwr presgripsiynau sicrhau ei fod wedi dweud wrth fwrdd iechyd yr ardal y mae'n bwriadu gweithio ynddi ei fod yn bwriadu darparu presgripsiynau. Cyn dychwelyd ei ffurflen gofrestru, rhaid i'r darparwr presgripsiynau sicrhau ei bod wedi ei llofnodi gan y person priodol yn y bwrdd iechyd.

Rhaid i'r llofnodwr awdurdodedig fod mewn sefyllfa i gadarnhau ar ran y bwrdd iechyd perthnasol:

- bod angen y gwasanaeth, ac felly bod cyfle i weithredu fel darparwr presgripsiynau; a
- bod cyllideb i dalu costau'r presgripsiynau ar y GIG.

## Newid amgylchiadau

Cyfrifoldeb cyflogwr darparwr presgripsiynau anfeddygol sydd wedi'i gofrestru gyda Phartneriaeth Cydwasaethau GIG Cymru yw sicrhau bod Partneriaeth Cydwasaethau GIG Cymru yn cael ei hysbysu cyn gynted â phosib:

- am unrhyw newid i fanylion y darparwr presgripsiynau, er enghraifft newid enw wrth briodi neu newid cyfeiriad neu rif ffôn;
- pan nad yw darparwr presgripsiynau'n darparu presgripsiynau bellach.

Bydd methu â gwneud hyn yn golygu y bydd ffurflenni presgripsiwn yn parhau i gael eu cynhyrchu gyda'r manylion anghywir arnynt. Gellir gwneud newidiadau drwy gyflwyno ffurflen hysbysu.

## Pa ffurflen bresgripsiwn sydd ei hangen arnaf?

### Gofal sylfaenol

Os yw darparwr sy'n gweithio mewn gofal sylfaenol yn darparu presgripsiynau a fydd yn cael eu dosbarthu gan fferyllfa gymunedol neu gan feddyg teulu fferyllol gyda'r GIG yn talu, rhaid llunio presgripsiynau gan ddefnyddio ffurflenni cyfres WP10 y GIG. Dylai'r darparwr presgripsiynau drafod gofynion eu ffurflenni presgripsiwn gyda'r unigolion enwebedig sy'n gyfrifol am archebu a dosbarthu presgripsiynau yn eu sefydliad.

Telir costau darparu presgripsiynau sy'n codi o bresgripsiynau WP10 o gyllideb presgripsiynau y bwrdd iechyd perthnasol.

### Gofal eilaidd

Dylai darparwr presgripsiynau sy'n rhoi presgripsiynau fydd yn cael eu dosbarthu yn yr ysbyty ddefnyddio ffurflenni presgripsiwn safonol yr ysbyty e.e. siart cleifion mewnol, presgripsiwn wrth ryddhau, presgripsiwn cleifion allanol.

Os yw darparwr yn gweithio mewn gofal eilaidd ond yn darparu presgripsiynau fydd yn cael eu gweinyddu mewn fferyllfa gymunedol gyda'r GIG yn talu, rhaid llunio presgripsiynau gan ddefnyddio ffurflenni cyfres WP10 (HP) y GIG. Dylai'r darparwr presgripsiynau drafod gofynion eu ffurflenni presgripsiwn gyda'r unigolion enwebedig sy'n gyfrifol am archebu a dosbarthu presgripsiynau yn eu sefydliad.

Telir costau darparu presgripsiynau sy'n codi o bresgripsiynau cyfres WP10 mewn ysbyty (WP10HP) o gyllideb presgripsiynau berthnasol yr ysbytai, fel arfer ar lefel cyfarwyddiaeth.



## Archebu ffurflenni presgripsiwn

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Dylai cyflogwyr nodi nad yw ffurflenni presgripsiwn WP10 GIG yn cael eu hanfon allan yn awtomatig ar ôl cofrestru, ac mae'n rhaid archebu presgripsiynau gan Bartneriaeth Cydwasanaethau GIG Cymru ar gyfer gofal sylfaenol neu'n uniongyrchol gan y Cyflenwr Rheoli Print ar gyfer gofal eilaidd.

Dim ond os yw'r darparwr presgripsiynau hefyd wedi darparu'r manylion cofrestru perthnasol i Bartneriaeth Cydwasanaethau GIG Cymru y bydd y Cyflenwr Rheoli Print yn prosesu archebion. Dylid caniatáu o leiaf deng niwrnod gwaith rhwng rhoi gwybod i Bartneriaeth Cydwasanaethau GIG Cymru ac archebu presgripsiynau.

Ni ddylid archebu padiau presgripsiwn WP10 newydd fwy na 6 wythnos cyn y dyddiad y disgwylir i'r unigolyn ddechrau darparu presgripsiynau ar ran y sefydliad.

Bydd y Cyflenwr Rheoli Print yn rhoi padiau presgripsiwn WP10 i'w defnyddio mewn gofal sylfaenol i Bartneriaeth Cydwasanaethau GIG Cymru, fydd yn eu hanfon ymlaen i'r darparwr presgripsiynau.

Nid yw presgripsiynau WP10HP wedi'u personoli ac maen nhw'n cael eu hanfon yn uniongyrchol i'r ysbyty a'u harchebodd.

## Personoli ffurflenni presgripsiwn

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Bydd y Cyflenwr Rheoli Print yn argraffu manylion personol y darparwr presgripsiynau dros bediau presgripsiynau ar gyfer darparwr atodol ac annibynnol, gan ddefnyddio'r manylion a gofrestrwyd gyda Phartneriaeth Cydwasanaethau GIG Cymru. Bydd hyn yn cynnwys enw, cod adnabod unigryw GIG Cymru, cod y gweithle, cyfeiriad gwaith, rhif ffôn, enw bwrdd iechyd a rhif cofrestru proffesiynol y darparwr presgripsiynau.

Nid yw padiau presgripsiwn Darparwr Presgripsiynau Annibynnol sy'n Nyrs Gymunedol (WP10CN, WP10PN) na phresgripsiynau un ddalen a ddefnyddir mewn gofal sylfaenol wedi'u personoli.

Mae'n bwysig felly:

- bod nyrsys sy'n defnyddio WP10CN ac WP10PN yn nodi ar bob presgripsiwn beth yw enw'r darparwr presgripsiynau, eu cod adnabod unigryw, cod eu gweithle, eu cyfeiriad gwaith, rhif ffôn, enw eu bwrdd iechyd a'u rhif cofrestru NMC; neu
- bod yn rhaid i unrhyw feddalwedd gyfrifiadurol a ddefnyddir ar gyfer presgripsiynau un ddalen allu argraffu enw'r darparwr presgripsiynau, eu cod adnabod unigryw, cod y gweithle, cyfeiriad gwaith, rhif ffôn, enw'r bwrdd iechyd a'u rhif cofrestru proffesiynol arnynt.

Nid yw padiau presgripsiwn cyfres WP10 a ddefnyddir mewn gofal eilaidd wedi'u personoli a bydd angen eu stampio gyda chod costio'r gyfarwyddiaeth, enw'r ysbyty neu enw'r ysbyty a'r gyfarwyddiaeth a chyfeiriad yr ysbyty.

## Presgripsiynau a gynhyrchir ar gyfrifiadur

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Mae presgripsiynau un ddalen i'w defnyddio gyda systemau cyfrifiadurol meddygon teulu ar gael fel WP10SPSS (ar gyfer darparwyr presgripsiynau atodol mewn gofal sylfaenol) a WP10IPSS (ar gyfer darparwyr presgripsiynau annibynnol mewn gofal sylfaenol).

Dylai darparwyr presgripsiynau atodol ac annibynnol sy'n dymuno darparu presgripsiynau gan ddefnyddio cyfrifiadur y feddygfa neu system debyg:

- sicrhau bod y meddalwedd cyfrifiadurol yn eu galluogi i wneud hyn yn gyntaf;
- a gofyn am y fersiwn un ddalen o ffurflen WP10 yn hytrach na phad.

Bydd gan y presgripsiynau un ddalen y geiriau Darparwr Presgripsiynau Atodol neu Darparwr Presgripsiynau Annibynnol wedi'u hargraffu ymlaen llaw ar frig y darn â'r presgripsiwn ei hun. Ni ddylid defnyddio presgripsiwn un ddalen WP10 sy'n perthyn i gydweithwyr sy'n feddygon teulu; a

- dylid hysbysu Partneriaeth Cydwasanaethau GIG Cymru drwy gwblhau adran berthnasol y ffurflen hysbysu.

Ar ôl derbyn y ffurflen wedi'i chwblhau, bydd Cydwasanaethau GIG Cymru yn dyrannu cod adnabod unigryw i bob unigolyn. Rhaid i'r darparwr presgripsiynau anfeddygol sicrhau bod y meddalwedd meddygon teulu yn argraffu'r cod adnabod unigryw hwn yn y lleoliad cywir ar y ffurflen bresgripsiwn.

## Gwirio statws darparwyr presgripsiynau anfeddygol

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Yn y rhan fwyaf o achosion, gellir datrys ymholiadau drwy gysylltu â'r darparwr presgripsiynau anfeddygol neu eu cyflogwr.

Dylai cyflogwyr neu fferyllfeydd sy'n dymuno cadarnhau statws darparwr presgripsiynau wirio'r cofrestrau sydd ar gael i'r cyhoedd gan y [Cyngor Nyrsio a Bydwreigiaeth \(NMC\)](#), y [Cyngor Fferyllol Cyffredinol \(GPhC\)](#), y [Cyngor Optegol Cyffredinol \(GOC\)](#) neu [Gyngor y Proffesiynau Iechyd a Gofal \(HCPC\)](#).

# Gweinyddu presgripsiynau gan ddarparwyr anfeddygol

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Ni ddisgwylir i'r fferyllydd sy'n gweinyddu presgripsiwn wirio fel rheol:

- bod y feddyginiaeth ar y presgripsiwn wedi'i chynnwys yn y cynllun rheoli clinigol ar gyfer darparwyr presgripsiynau atodol;
- bod y sawl a ddarparodd y presgripsiwn yn ddarparwr presgripsiynau sy'n nyrs (wedi'u cyfyngu i restr fformiwlâu ymarferwyr nyrsio cymunedol), yn ddarparwr presgripsiynau atodol neu annibynnol; neu
- bod y sawl a ddarparodd y presgripsiwn yn gweithredu o fewn eu meysydd cymhwysedd.

Mae angen i'r fferyllydd sy'n gweinyddu sicrhau bod presgripsiwn yn bodloni'r gofynion cyfreithiol gan gynnwys unrhyw gyfyngiadau ar yr hyn y gellir ei roi ar bresgripsiwn gan wahanol weithwyr proffesiynol fel y nodir yn gynharach yn y canllawiau hyn, ac os mai presgripsiwn gan y GIG sy'n cael ei weinyddu, y caniateir i'r feddyginiaeth gael ei darparu ar gost y GIG.

## Gwahanu darparu presgripsiynau a gweinyddu, cyflenwi

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Fel arfer, dylai darparu presgripsiynau a gweinyddu, cyflenwi neu roi meddyginiaethau i gleifion barhau i fod yn swyddogaethau ar wahân a gyflawnir gan weithwyr gofal iechyd proffesiynol ar wahân.

Dogfen ar y cyd rhwng y Coleg Nyrsio Brenhinol (RCN) a'r Gymdeithas Fferyllol Frenhinol (RPS) yw [Professional Guidance on the Administration of Medicines in Healthcare Settings](#) ac mae'n datgan: Lle bynnag y bo'n bosib, cyflawnir gweithredoedd darparu presgripsiynau, gweinyddu/cyflenwi a rhoi meddyginiaeth gan weithwyr gofal iechyd proffesiynol ar wahân. Yn eithriadol, pan fo amgylchiadau clinigol yn golygu bod hynny'n angenrheidiol ac er budd y claf, gall yr un gweithiwr gofal iechyd proffesiynol fod yn gyfrifol am ddarparu, gweinyddu neu gyflenwi presgripsiwn neu roi meddyginiaethau. Lle mae hyn yn digwydd, bydd trywydd archwilio, dogfennau a phrosesau ar waith er mwyn lleihau gwallau.

Mewn amgylchiadau eithriadol, lle mae fferyllydd yn darparu presgripsiynau ac yn gweinyddu meddyginiaeth ar gyfer claf, fel arfer dylai ail berson cymwys fod yn rhan o'r broses wirio. Os yw'r ddwy rôl yn cydfodoli, dylai person arall gynnal gwiriad cywirdeb terfynol a lle bo hynny'n bosib, dylid cynnal gwiriad ar gyfer priodoldeb clinigol hefyd.

Mae rhagor o wybodaeth ar gael yn [natganiad safiad ar y cyd](#) yr RCN a'r RPS.

## Meddygon fferyllol

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Pan fo practis meddyg teulu yn gweinyddu presgripsiynau, gall presgripsiynau gan ddarparwyr annibynnol ac atodol gael eu gweinyddu gan y practis ond dim ond ar gyfer cleifion y practis hwnnw.

Ni all Meddygon Fferyllol weinyddu presgripsiynau a ysgrifennwyd gan ddarparwyr presgripsiynau atodol ac annibynnol i gleifion practisau eraill.

## Materion trawsffiniol

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Gall fferyllwyr cymunedol yn Lloegr, yr Alban a Gogledd Iwerddon weinyddu presgripsiynau a ysgrifennwyd gan ddarparwyr annibynnol sy'n ymarfer yng Nghymru.

Gall fferyllwyr cymunedol yng Nghymru weinyddu presgripsiynau a ysgrifennwyd gan ddarparwyr annibynnol sy'n ymarfer yn Lloegr, yr Alban a Gogledd Iwerddon.

## Practisau preifat

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Rhaid i ddarparwyr presgripsiynau annibynnol sy'n Nyrsys Cofrestredig, fferyllwyr, optometryddion, ffisiotherapyddion, podiatryddion, radiograffwyr therapiwtig a pharafeddygon ac sy'n gweithio y tu allan i leoliadau'r GIG sicrhau eu bod yn cydymffurfio â gofynion proffesiynol i ddangos eu cymhwysedd i ymarfer.

Ni ddylai darparwyr presgripsiynau annibynnol sy'n Nyrsys Cofrestredig, optometryddion, fferyllwyr, ffisiotherapyddion, podiatryddion, radiograffwyr therapiwtig a pharafeddygon ac sydd â rolau deulol yn y GIG ac yn y sector preifat ddefnyddio ffurflenni presgripsiwn WP10 GIG wrth ymarfer yn y sector preifat.

Dylai darparwyr presgripsiynau annibynnol sy'n Nyrsys Cofrestredig, optometryddion, fferyllwyr, ffisiotherapyddion, podiatryddion, radiograffwyr therapiwtig a pharafeddygon ac sy'n gweithio yn y sector preifat ofyn am arweiniad gan eu cyrff proffesiynol perthnasol neu eu bwrdd iechyd ynghylch ysgrifennu presgripsiynau preifat yn ystod eu gwaith ar gyfer y GIG.

Dylid gweinyddu presgripsiynau preifat a ysgrifennwyd gan ddarparwr presgripsiynau annibynnol yn yr un modd â'r presgripsiynau hynny a ysgrifennwyd gan feddyg neu ddeintydd.

# Geirfa

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## Cyffur a reolir (CD)

Mae cyffur a reolir yn un a ddynodir felly yn Neddff Camddefnyddio Cyffuriau 1971. Mae pum categori o gyffuriau a reolir, Atodlen 1, 2, 3, 4 a 5.

## Cyffuriau triongl du

Mae'r triongl du yn dynodi cyffur newydd. Dylid anfon adroddiad am bob adwaith niweidiol i gyffuriau triongl du i gynllun cardiau melyn yr MHRA.

## Cyngor y Proffesiynau Iechyd a Gofal (HCPC)

Y corff rheoleiddio ar gyfer gweithwyr proffesiynol iechyd a gofal penodedig yng Nghymru, Lloegr, yr Alban a Gogledd Iwerddon. Mae hyn yn cynnwys y proffesiynau y cyfeirir atynt ar y cyd fel Gweithwyr Iechyd Proffesiynol Perthynol ac fel Gwyddonwyr Gofal Iechyd.

## Cynllun rheoli clinigol (CMP)

Dogfen y cytunwyd arni rhwng darparwr presgripsiynau atodol, meddyg neu ddeintydd, a chlaf yn disgrifio sut y caiff y claf eu rheoli a pha feddyginiaethau y gall y darparwr eu rhoi iddynt ar bresgripsiwn.

## Grŵp Strategaeth Meddyginiaethau Cymru Gyfan (AWMSG)

Y pwyllgor cynghori statudol a sefydlwyd gan Weinidogion Cymru i ddarparu cyngor ar feddyginiaethau newydd a phresennol, rheoli meddyginiaethau a darparu presgripsiynau yng Nghymru.

## Gweithiwr Iechyd Proffesiynol Perthynol (AHP)

Person sydd wedi'i gofrestru yn un o'r proffesiynau a nodwyd fel Proffesiwn Iechyd Perthynol (AHP) yng Nghymru, dan reoleiddiad y Cyngor Proffesiynau Iechyd a Gofal (HCPC). At ddibenion y ddogfen hon, mae hyn yn golygu: person sydd wedi'i gofrestru naill ai fel parafeddyg, ffisiotherapydd, dietegydd neu bodiatrydd. (DS. Nid yw hyn yn cynnwys radiograffwyr, sy'n cael eu rheoleiddio gan yr HCPC, ond sydd wedi'u dynodi'n un o broffesiynau gwyddor gofal iechyd).

## Meddyginiaethau all-drwydded

Meddyginiaeth sy'n cael ei darparu ar bresgripsiwn y tu hwnt i delerau'r awdurdodiad marchnata.

## Meddyginiaethau didrwydded

Nid oes gan feddyginiaeth ddidrwydded awdurdodiad marchnata a gyhoeddwyd gan yr Asiantaeth Rheoleiddio Meddyginiaethau a Chynhyrchion Gofal Iechyd (MHRA). Mae cynhyrchion nad ydynt wedi'u trwyddedu yn y Deyrnas Unedig yn cynnwys: i) cynnyrch a fewnforiwyd sydd wedi'i drwyddedu mewn aelod-wladwriaeth arall neu drydedd wlad ond nid yn y Deyrnas Unedig a ii) chynhyrchion didrwydded a weithgynhyrchir yn y Deyrnas Unedig yn unol â manyleb darparwr presgripsiynau, i ddiwallu anghenion arbennig eu cleifion unigol, lle nad oes unrhyw feddyginiaeth drwyddedig yn y Deyrnas Unedig ar gael i ddiwallu'r anghenion arbennig hynny.

## **Meddyginiaethau trwyddedig**

Mae'r Asiantaeth Rheoleiddio Meddyginiaethau a Chynhyrchion Gofal Iechyd (MHRA) yn gweithredu system drwyddedu cyn marchnata meddyginiaethau. Mae meddyginiaethau sy'n bodloni safonau diogelwch, ansawdd ac effeithiolrwydd yn derbyn awdurdodiad marchnata (trwydded cynnyrch gynt), sydd fel arfer yn angenrheidiol cyn y gellir gwerthu'r feddyginiaeth neu ei rhoi ar bresgripsiwn. Mae'r awdurdodiad hwn yn cwmpasu'r prif weithgareddau sy'n gysylltiedig â marchnata cynnyrch meddyginiaethol.

## **Partneriaeth Cydwasanaethau GIG Cymru**

Swyddogaeth cydwasanaethau a sefydlwyd er mwyn darparu ystod eang o wasanaethau proffesiynol, technegol a gweinyddol ar gyfer ac ar ran GIG Cymru gan gynnwys yr Uned Gwasanaethau Darparu Presgripsiynau sy'n darparu gwasanaethau mewnbynnu data a phrisio ar gyfer presgripsiynau sy'n cael eu gweinyddu yng Nghymru. Mae hefyd yn gyfrifol am ddarparu gwybodaeth darparu presgripsiynau, a systemau gwybodaeth er mwyn galluogi monitro gwariant ar gyffuriau.

## **Sefydliad Addysg a Gymeradwyr (AEI)**

Sefydliad addysg uwch sydd wedi cael ei gymeradwyo gan y rheoleiddwyr proffesiynol perthnasol i ddarparu hyfforddiant darparu presgripsiynau anfeddygol.

## **System Dadansoddi Cymharol ar gyfer Archwilio Darparu Presgripsiynau (CASPA)**

System a ddarperir gan Bartneriaeth Cydwasanaethau GIG Cymru i ddadansoddi'r drefn darparu presgripsiynau.

## **Y Cyngor Fferyllol Cyffredinol (GPhC)**

Y corff rheoleiddio ar gyfer fferyllwyr yng Nghymru, Lloegr, a'r Alban.

## **Y Cyngor Nyrsio a Bydwreigiaeth (NMC)**

Dyma gorff rheoleiddio a chorff proffesiynol nyrsys a bydwreigedd yn y Deyrnas Unedig. Mae gan y Cyngor Nyrsio a Bydwreigiaeth gofrestr broffesiynol gyda thair rhan iddi: Nyrsio, Bydwreigiaeth a Nyrsio Iechyd Cyhoeddus Cymunedol Arbenigol.

## **Y Cyngor Optegol Cyffredinol (GOC)**

Y corff rheoleiddio ar gyfer optometryddion yng Nghymru, Lloegr, a'r Alban.

## **Y Gymdeithas Fferyllol Frenhinol (RPS)**

Y corff proffesiynol ar gyfer fferyllwyr yng Nghymru, Lloegr, a'r Alban. Mae'r Gymdeithas yn gyfrifol am gynnal y fframwaith cymhwysedd ar gyfer pob darparwr presgripsiynau beth bynnag fo'u proffesiwn.

## **Ymarferydd Darparu Presgripsiynau Dynodedig (DPP)**

Ymarferydd sy'n brofiadol fel darparwr presgripsiynau ac sy'n cefnogi, goruchwyllo ac asesu darparwr presgripsiynau annibynnol neu atodol yn ystod elfen 'dysgu wrth ymarfer' y cwrs hyfforddi.

# Llyfryddiaeth

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Problemau wrth Ddarparu Presgripsiynau – Canllaw ar gyfer Darparwyr Presgripsiynau  
[www.awmsg.nhs.wales/files/guidelines-and-pils/prescribing-dilemmas-a-guide-for-prescribers-pdf/](http://www.awmsg.nhs.wales/files/guidelines-and-pils/prescribing-dilemmas-a-guide-for-prescribers-pdf/)

Canllawiau Llyfr Fformiwlâu Cenedlaethol Prydain (BNF) ar ddarparu presgripsiynau  
[www.bnf.nice.org.uk/guidance/guidance-on-prescribing.html](http://www.bnf.nice.org.uk/guidance/guidance-on-prescribing.html)

Llyfr Fformiwlâu Darparwyr Presgripsiynau sy'n Nyrsys  
[www.bnf.nice.org.uk/nurse-prescribers-formulary/approved-list-for-prescribing-by-community-practitioner-nurse-prescribers-npf/](http://www.bnf.nice.org.uk/nurse-prescribers-formulary/approved-list-for-prescribing-by-community-practitioner-nurse-prescribers-npf/)

Canllawiau Ymarfer Coleg y Parafeddygon – Darparwyr presgripsiynau annibynnol ac atodol  
[www.collegeofparamedics.co.uk/COP/Professional\\_development/Medicines\\_and\\_Independent\\_Prescribing/COP/ProfessionalDevelopment/Medicines\\_and\\_Independent\\_Prescribing.aspx?hkey=04486919-f7b8-47bd-8d84-47bfc11d821a](http://www.collegeofparamedics.co.uk/COP/Professional_development/Medicines_and_Independent_Prescribing/COP/ProfessionalDevelopment/Medicines_and_Independent_Prescribing.aspx?hkey=04486919-f7b8-47bd-8d84-47bfc11d821a)

Llawlyfr Darparu Presgripsiynau Annibynnol y Cyngor Optegol Cyffredinol (GOC)  
[www.optical.org/media/j51li2rq/independent-prescribing-handbook.pdf?docid=9B627708-5D4E-48AF-AACCD07F79427B19](http://www.optical.org/media/j51li2rq/independent-prescribing-handbook.pdf?docid=9B627708-5D4E-48AF-AACCD07F79427B19)

Safonau Darparu Presgripsiynau Cyngor y Proffesiynau Iechyd a Gofal (HCPC)  
[www.hcpc-uk.org/standards/standards-relevant-to-education-and-training/standards-for-prescribing/](http://www.hcpc-uk.org/standards/standards-relevant-to-education-and-training/standards-for-prescribing/)

Safonau Addysg a Gwella Iechyd Cymru (HEIW) ar gyfer Sicrhau Cymwyseddau Darparwyr Presgripsiynau Anfeddygol yng Nghymru  
[www.heiw.nhs.wales/files/standards-for-competency-assurance-of-independent-and-supplementary-prescribers-in-wales/](http://www.heiw.nhs.wales/files/standards-for-competency-assurance-of-independent-and-supplementary-prescribers-in-wales/)

Asiantaeth Rheoleiddio Meddyginiaethau a Chynhyrchion Gofal Iechyd – Darpariaeth Presgripsiynau Meddygol ac Anfeddygol – Cymysgu meddyginiaethau  
[www.gov.uk/drug-safety-update/medical-and-non-medical-prescribing-mixing-medicines-in-clinical-practice](http://www.gov.uk/drug-safety-update/medical-and-non-medical-prescribing-mixing-medicines-in-clinical-practice)

Safonau'r Cyngor Nyrsio a Bydwreigiaeth ar gyfer ôl-gofrestru a safonau ar gyfer darparu presgripsiynau  
[www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers/](http://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers/)

Rheoliadau Hysbysebu Meddyginiaethau 1994  
[www.legislation.gov.uk/uksi/1994/1932/made](http://www.legislation.gov.uk/uksi/1994/1932/made)

Rheoliadau Camddefnyddio Cyffuriau 2021  
[www.legislation.gov.uk/uksi/2001/3998/contents/made](http://www.legislation.gov.uk/uksi/2001/3998/contents/made)

Fframwaith cymhwysedd Ymarferwyr Dynodedig Darparu Presgripsiynau y Gymdeithas Fferyllol Frenhinol (RPS)

[www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework](http://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework)

Fframwaith Cymhwysedd ar gyfer pob Darparwr Presgripsiynau – Y Gymdeithas Fferyllol Frenhinol (RPS)

[www.rpharms.com/resources/frameworks/prescribing-competency-framework/competency-framework](http://www.rpharms.com/resources/frameworks/prescribing-competency-framework/competency-framework)

Canllawiau Proffesiynol y Gymdeithas Fferyllol Frenhinol: Ehangu Cwmpas Ymarfer Darparu Presgripsiynau

[www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Prescribing%20Competency%20Framework/RPS%20-%20Scope%20of%20Practice-English-220601.pdf?ver=fNYC4O\\_ThDfE3AsC01HvFw%3d%3d](http://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Prescribing%20Competency%20Framework/RPS%20-%20Scope%20of%20Practice-English-220601.pdf?ver=fNYC4O_ThDfE3AsC01HvFw%3d%3d)



# Atodiad 1: Y cynllun rheoli clinigol

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Cyn y gall darparwr atodol ddarparu presgripsiynau, mae'n ofynnol i gynllun rheoli clinigol (CMP) y cytunwyd arno fod ar waith (yn ysgrifenedig neu'n electronig) sy'n ymwneud â chlaf a enwir ac â chyflwr neu gyflyrau penodol y claf hwnnw i'w rheoli gan y darparwr atodol. Dylid cynnwys hyn yng nghofnod y claf.

Rhaid i'r cynllun gynnwys:

- enw'r claf y mae'r cynllun yn ymwneud ag ef;
- y salwch neu'r cyflyrau y mae'r darparwr presgripsiynau atodol yn gallu eu trin;
- y dyddiad y mae'r cynllun i ddod i rym, a phryd bydd y meddyg neu'r deintydd sy'n rhan o'r cynllun yn ei adolygu;
- cyfeiriad at ddosbarth neu ddisgrifiad y meddyginiaethau neu'r mathau o offer y gellir eu rhoi ar bresgripsiwn neu eu rhoi i'r claf o dan y cynllun;
- unrhyw gyfyngiadau neu derfynau ar gryfder neu ddos unrhyw feddyginiaeth y gellir ei rhoi ar bresgripsiwn neu ei rhoi i glaf o dan y cynllun, ac unrhyw gyfnod ar gyfer rhoi neu ddefnyddio unrhyw feddyginiaeth neu offer y gellir eu rhoi ar bresgripsiwn neu eu rhoi i'r claf o dan y cynllun;
- rhybuddion perthnasol am sensitifrwydd y claf y gwyddys amdano;
- y trefniadau ar gyfer hysbysu am adweithiau niweidiol i gyffuriau; ac
- yr amgylchiadau lle dylai'r darparwr presgripsiynau atodol gyfeirio at, neu geisio cyngor, y meddyg neu'r deintydd sy'n rhan o'r cynllun.

Dylid cadw'r cynllun rheoli clinigol mor syml â phosib. Gall y cynllun gyfeirio at ganllawiau cenedlaethol neu leol sy'n seiliedig ar dystiolaeth i nodi'r meddyginiaethau sydd i'w rhoi ar bresgripsiwn, neu'r amgylchiadau lle dylid newid dos, amllder neu gymysgedd y feddyginiaeth. Nid oes angen ailadrodd y cyngor yn y canllawiau hyn yng nghorff y cynllun ei hun, ac nid oes angen i'r cynllun ailadrodd gwybodaeth fanwl sydd wedi'i chynnwys yng nghofnod y claf a rennir gan y ddau ddarparwr presgripsiynau, oni bai bod gwybodaeth o'r fath yn hanfodol er mwyn eglurder a diogelwch y claf.

Rhaid adolygu'r cynllun o leiaf bob 12 mis.

Yn dilyn diagnosis gan y darparwr presgripsiynau annibynnol sy'n feddyg neu'n ddeintydd, bydd angen i'r darparwyr annibynnol ac atodol drafod y cynllun cyn i'r ddogfen ei hun gael ei pharatoi.

Gall y meddyg neu'r deintydd neu'r darparwr presgripsiynau atodol ddrafftio'r cynllun; fodd bynnag, rhaid i'r ddau gytuno'n ffurfiol ar y cynllun cyn y gellir dechrau darparu presgripsiynau'n atodol.

Rhaid cofnodi bod y claf wedi rhoi eu cydsyniad i fod yn rhan o bartneriaeth darparu presgripsiynau atodol.

Mater i'r meddyg neu'r deintydd yw pennu maint y cyfrifoldeb y mae ef neu hi am ei roi i'r darparwr atodol o dan y cynllun.

Bydd y cynllun yn dod i ben:

- unrhyw bryd bydd y meddyg neu'r deintydd yn penderfynu;
- ar gais y darparwr presgripsiynau atodol neu'r claf; neu
- ar yr adeg a bennir ar gyfer adolygu'r claf (oni bai fod y cynllun yn cael ei adnewyddu gan y ddau ddarparwr bryd hynny).

Pan fydd newid meddyg neu ddeintydd am ba bynnag reswm, rhaid i'r Cynllun Rheoli Clinigol gael ei adolygu a'i gytuno gan yr olynnydd cyn y gall y darparwr atodol barhau i drin y claf a rhoi presgripsiynau iddynt.

Isod mae templed ar gyfer llunio Cynllun Rheoli Clinigol (CMP).

**Templed Cynllun Rheoli Clinigol**

Enw'r claf:		Sensitifrwydd/alergeddau i feddyginiaethau:	
Manylion adnabod y claf e.e. Rhif adnabod/dyddiad geni:			
Meddyginiaeth bresennol:		Hanes Meddygol:	
Darparwr presgripsiynau annibynnol: Manylion cyswllt: [Ffôn/e-bost/cyfeiriad]		Darparwr presgripsiynau atodol: Manylion cyswllt: [Ffôn/e-bost/cyfeiriad]	
Cyflwr neu gyflyrau i'w trin:		Nod y driniaeth:	
Meddyginiaethau mae'r Darparwr Presgripsiynau Atodol yn gallu eu rhoi ar bresgripsiwn:			
Cymysgedd	Dangosydd	Amserlen dosio	Dangosyddion penodol ar gyfer cyfeirio yn ôl at y Darparwr Presgripsiynau Annibynnol
Canllawiau neu brotocolau sy'n cefnogi'r Cynllun Rheoli Clinigol:			
Pa mor aml fydd y monitro a'r adolygu gan:			
Y darparwr presgripsiynau atodol:		Y darparwr presgripsiynau atodol a'r darparwr presgripsiynau annibynnol:	
Proses ar gyfer adrodd am adweithiau niweidiol (ADR):			
Cofnod a rennir i'w ddefnyddio gan y darparwyr presgripsiynau atodol ac annibynnol:			
Cytunwyd gan y darparwyr presgripsiynau annibynnol:		Cytunwyd gan y darparwyr presgripsiynau atodol:	
Dyddiad:		Dyddiad:	
Dyddiad y cytunwyd gyda'r claf/gofalwr:			



Llywodraeth Cymru  
Welsh Government

# Independent and Supplementary Prescribing in Wales

Guidance for employers and practitioners in NHS Wales

January 2024

# Purpose of this guidance

This guidance is intended to help employers, managers and practitioners navigate the most common administrative and procedural processes which enable professionals to act as independent or supplementary prescribers in NHS Wales.

## Intended readership

All health boards in Wales.

Welsh Ambulance Services NHS Trust.

Velindre NHS Trust.

NHS Wales Shared Services Partnership.

Non-medical prescribers including:

- Optometrists
- Registered Nurses
- Midwives
- Pharmacists
- Physiotherapists
- Podiatrists
- Paramedics
- Dietitians
- Radiographers.

Medical and dental practitioners.

Higher Education Institutions providing non-medical prescribing education and training.

Prison health services.

Defence medical services.

Independent healthcare providers.

Professional leadership bodies.

Professional regulators.

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# Introduction

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This guidance has been produced by the Welsh Government to set out the administrative and procedural steps needed to enable non-medical healthcare professionals to act as independent and supplementary prescribers. The guidance promotes safe and effective prescribing in Wales and provides information and advice on common scenarios in prescribing practice.

UK medicines legislation provides for specified groups of healthcare professionals other than doctors and dentists to train and practise as independent or supplementary prescribers.

This document provides information to help healthcare professionals who wish to train and practise as independent and supplementary prescribers and advice to promote good practice for all non-medical prescribers in Wales.

This guidance replaces 'Non-Medical Prescribing in Wales Guidance 2017' and all previous versions. This document reflects the correct position on the date of its publication.



# Overview of supplementary and Independent Prescribing

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A number of groups of healthcare professionals other than doctors and dentists are, subject to completing additional training, able to prescribe medicines for patients as either independent or supplementary prescribers, these healthcare professionals are collectively referred to as non-medical prescribers (NMPs).

**Independent prescribers** are responsible and accountable for the assessment of patients with previously undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing.

**Supplementary prescribers** work in partnership with a doctor or a dentist to implement an agreed clinical management plan for a patient with that patient's agreement.

Independent and supplementary prescribers are identified by an annotation next to their name in the relevant professional register.

## Registered Nurses

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To prescribe medicinal products, Registered nurses and midwives must have recorded their prescriber qualification on the Nursing and Midwifery Council (NMC) register. There are two types of Registered nurse or midwife prescribers. Community nurse or midwife prescribers; and independent and supplementary Registered nurse or midwife prescribers.

See NMC prescribing programmes and standards link for further detail: Standards for prescribing programmes – The Nursing and Midwifery Council ([nmc.org.uk](http://nmc.org.uk))

Registered Nurse independent prescribers (formerly known as Extended Formulary Nurse Prescribers) are able to prescribe any medicine for any medical condition within their area of competence. This includes both licensed and unlicensed medicines.

Registered Nurse independent prescribers are able to prescribe, administer, and give directions for the administration of Schedule 2, 3, 4, and 5 controlled drugs. This includes diamorphine hydrochloride, dipipanone, or cocaine for treating organic disease or injury, but not for treating addiction.

Registered Nurse independent prescribers must work within their own professional competence and scope of practice.

Registered Nurses who have successfully completed a Nursing and Midwifery Council (NMC) Community Practitioner Nurse Prescribing course (also known as a v100 or v150 course) can register with the NMC as a Community Nurse Independent Prescriber (CNIP). The majority of CNIPs are district nurses and public health nurses (previously known as health visitors), community nurses and school nurses. They are qualified to prescribe only from the [Nurse Prescribers Formulary \(NPF\)](#) for Community Practitioners.

## Pharmacists

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Pharmacist independent prescribers can prescribe any medicine for any medical condition within their area of competence. This includes both licensed and unlicensed medicines.

Pharmacist independent prescribers are also able to prescribe, administer, and give directions for the administration of Schedule 2, 3, 4, and 5 controlled drugs. This includes diamorphine hydrochloride, dipipanone, or cocaine for treating organic disease or injury, but not for treating addiction.

Pharmacist Independent Prescribers must work within their own professional competence and scope of practice.

All newly qualified pharmacists joining the General Pharmaceutical Council's register from August 2026 will be pharmacist independent prescribers.

## Optometrists

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Optometrist independent prescribers can prescribe any licensed medicine for ocular conditions affecting the eye and the tissues surrounding the eye, except controlled drugs or medicines for parenteral administration.

All optometrists can supply and administer medicines in their professional scope of practice from a limited list of medicines set out in [Schedule 17 of the Human Medicines Regulations 2012](#).

## Physiotherapists

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Physiotherapist independent prescribers can prescribe any medicine for any medical condition within their area of competence. This includes prescribing medicines 'off-label'.

Physiotherapist independent prescribers are allowed to prescribe from a restricted list of controlled drugs (oral or injectable morphine, transdermal fentanyl and oral diazepam, dihydrocodeine tartrate, lorazepam, oxycodone hydrochloride and temazepam).

Physiotherapists who are supplementary prescribers are able to prescribe other controlled drugs only where these are included in a patient's clinical management plan agreed with the doctor or dentist agreeing that plan.

## Podiatrists

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Podiatrist independent prescribers can prescribe any medicine for any medical condition within their area of competence. This includes prescribing medicines 'off-label'.

Podiatrist independent prescribers are allowed to prescribe from a restricted list of controlled drugs (diazepam, dihydrocodeine tartrate, lorazepam and temazepam) for oral administration only.

## Paramedics

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Paramedic independent prescribers can prescribe any medicine for any medical condition within their area of competence. This includes prescribing medicines 'off-label'.

Paramedic independent prescribers are able to prescribe a limited range of controlled drugs (morphine sulfate for oral administration or injection, diazepam for oral administration or injection, midazolam by oromucosal administration or injection, lorazepam by injection, and codeine phosphate for oral administration).

## Therapeutic radiographers

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Therapeutic radiographer independent prescribers can prescribe any medicine for any medical condition within their area of competence. This includes prescribing medicines 'off-label'.

Therapeutic radiographer independent prescribers are able to prescribe a limited range of controlled drugs (tramadol, diazepam, lorazepam, oxycodone and codeine phosphate all for oral administration, and morphine sulfate for oral administration or by injection).

## Diagnostic radiographers

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Diagnostic radiographer supplementary prescribers can prescribe any medicine for any medical condition in partnership with a doctor or dentist in accordance with an agreed clinical management plan. This includes licensed or unlicensed medication and controlled drugs.

## Dietitians

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Dietitian supplementary prescribers can prescribe any medicine for any medical condition in partnership with a doctor or dentist in accordance with an agreed clinical management plan. This includes licensed or unlicensed medicines and controlled drugs.

## Other healthcare professionals

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At the time of publication healthcare professionals other than those listed above are not entitled to prescribe medicines. Some healthcare professionals, for example occupational therapists and dental hygienists, can supply and administer some medicines without a prescription, under a Patient Group Direction (PGD). Information about which professionals can operate under PGDs can be found at [www.gov.uk/government/publications/patient-group-directions-pgds/patient-group-directions-who-can-use-them](http://www.gov.uk/government/publications/patient-group-directions-pgds/patient-group-directions-who-can-use-them).

**Physician associates** and **anaesthesia associates** cannot prescribe medicines, or supply or administer medicines under a PGD.

# Non-medical prescriber categories

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## Supplementary prescriber

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The British National Formulary (BNF) defines supplementary prescribing as:

‘a voluntary prescribing partnership between an independent prescriber (doctor or dentist) and a supplementary prescriber, to implement an agreed patient-specific clinical management plan with the patient’s agreement’.

Supplementary prescribers can only prescribe in partnership with a doctor or dentist. The doctor, or dentist, is responsible for the diagnosis and setting the parameters of the clinical management plan (see appendix one).

All supplementary prescribers may prescribe for any medical condition provided they are acting in accordance with an agreed individual patient’s clinical management plan.

Supplementary prescribing is primarily intended for managing chronic medical conditions; however acute episodes occurring within chronic conditions may be treated, provided this is included in the clinical management plan.

Supplementary prescribers are not restricted to a limited list and may prescribe any medicine that can be prescribed on the NHS, provided it has been included in the patient’s clinical management plan. This includes:

- All General Sales List (GSL) medicines, Pharmacy (P) medicines, appliances and devices, foods and other borderline substances approved by the Advisory Committee on Borderline Substances (ACBS);
- All Prescription Only Medicines (POMs) including controlled drugs (except those listed in Schedule 1 of The Misuse of Drugs Regulations 2001 – that are not intended for medicinal use);
- Medicines for use outside their licensed indications (i.e. “off label” prescribing), black triangle drugs, and drugs marked ‘less suitable for prescribing’ in the BNF.

It is good practice that unlicensed drugs are not prescribed unless they are part of a clinical trial that has a clinical trial certificate or exemption.

Supplementary prescribers must comply with the standards set by their respective regulators and professional leadership bodies. They should not prescribe any medicine that they do not feel competent to prescribe.

Supplementary prescribers should not prescribe for themselves or their families.

## Community nurse independent prescriber

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On successful completion of a community specialist practitioner programme which incorporates community practitioner nurse prescribing (v100, v150), registered nurses can prescribe from the NPF for community practitioners. The NPF includes dressings, appliances and a limited list of medicines relevant to community nursing and health visiting/public health nursing practice.

Legislation in Wales has clarified that the term community nurse independent prescriber should be used for this category of prescriber.

## Independent prescriber

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The BNF defines independent prescribers as:

‘Practitioners responsible and accountable for the assessment of patients with previously undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing’.

At the time of publication of this guidance, only Registered nurses, pharmacists, optometrists, physiotherapists, podiatrists, therapeutic radiographers and paramedics can train and practise as independent prescribers.

Registered Nurse, pharmacist, physiotherapist, podiatrist, therapeutic radiographer and paramedic independent prescribers may prescribe any licensed medicine<sup>1</sup> (i.e. products with a UK marketing authorisation) for any medical condition, within their competence. Whilst physiotherapists, podiatrists, and radiographers may prescribe any licensed medicine, they should normally only do so for conditions generally considered to be within their professional field.

Registered Nurses, pharmacists and paramedics potentially have a broader scope of professional practice and will therefore necessarily prescribe across a number of therapeutic areas.

Optometrist independent prescribers can prescribe any licensed medicine for conditions affecting the eye and the tissues surrounding the eye, except controlled drugs or medicines for parenteral administration.

All independent prescribers are also able to practice as supplementary prescribers.

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<sup>1</sup> There are restrictions on the prescribing of controlled drugs by physiotherapists, podiatrists, radiographers and paramedics as described earlier.

# Prescribing within professional competence

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All prescribers whether they are independent or supplementary prescribers, must work within their own level of professional competence and expertise, and should seek advice and make appropriate referrals to other professionals for people requiring prescribing in therapeutic areas outside of their expertise. All healthcare professionals are accountable for their own actions, must be aware of the limitations of their skills, knowledge and competence and should always work within their scopes of practice.

# Medicines and appliances that can be prescribed by non-medical prescribers

	<b>Licensed medicines for their licensed indications</b>	<b>Licensed medicines for 'off label' indications</b>	<b>Unlicensed medicines</b>	<b>Controlled drugs</b>
Registered Nurse	Yes	Yes	Yes	Yes, except those in schedule 1 of the Misuse and Drugs Regulations 2001, and diamorphine, dipipanone or cocaine for the treatment of addiction
Pharmacist	Yes	Yes	Yes	Yes, except those in schedule 1 of the Misuse and Drugs Regulations 2001, and diamorphine, dipipanone or cocaine for the treatment of addiction
Optometrist	Yes	Yes	No	No
Paramedic	Yes	Yes	No	Yes, but limited to: morphine sulfate and diazepam for oral administration or injection, midazolam for oromucosal administration or injection, lorazepam by injection, and codeine phosphate for oral administration
Therapeutic radiographer	Yes	Yes	No	Yes, but limited to: diazepam, tramadol, oxycodone, lorazepam and codeine phosphate all for oral administration, and morphine sulfate for oral administration or injection

	<b>Licensed medicines for their licensed indications</b>	<b>Licensed medicines for 'off label' indications</b>	<b>Unlicensed medicines</b>	<b>Controlled drugs</b>
Community nurse	Limited to products included in the NPF	No, except nystatin may be prescribed for neonatal use	No	No
Podiatrist	Yes	Yes	No	Yes, but limited to: diazepam, dihydrocodeine, lorazepam; and temazepam, by oral administration.
Physiotherapist	Yes	Yes	No	Yes, but limited to: diazepam, dihydrocodeine, lorazepam, morphine, oxycodone, and temazepam, by oral administration; morphine for injectable administration; and fentanyl for transdermal administration
Supplementary prescriber (in accordance with a clinical management plan)	Yes	Yes	Yes	Yes



## Prescribing unlicensed medicines

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An unlicensed medicine is one that does not have a valid UK or European marketing authorisation (license) defining the clinical circumstances in which the medicine can be used.

Prescribing unlicensed medicines should take place only within the framework of a local policy for unlicensed medicines. The local policy must be developed and approved through an organisation's drug and therapeutic committee, area prescribing committee or equivalent. The policy should specify the need for authoritative clinical evidence and guidance to support prescribing decisions in this area and include evidence of where liabilities and responsibilities lie. The policy should refer to the relevant professional bodies' standards and need for patient consent where appropriate.

Prescribers accept professional, clinical and legal responsibility for unlicensed prescribing.

Supplementary prescribers may prescribe unlicensed medicines providing it is in accordance with a patient's clinical management plan.

## Mixing medicines

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Mixing is the combining of two or more medicinal products together for the purposes of administering them to meet the needs of a particular patient. Mixing does not include dissolving or dispersing the product in, diluting or mixing it with, some other substance used solely as a vehicle for the purpose of administering it.

The mixing process produces an unlicensed product and prescribing of such products must be in accordance with an organisation's unlicensed medicines' policy.

Registered Nurse and pharmacist independent prescribers are permitted to mix medicines and direct others to mix medicines. Physiotherapist independent prescribers are permitted to mix licensed medications within the limitations of their professional practice.

A supplementary prescriber can mix medicines and direct others to mix medicines, if the mixing of medicines forms part of the clinical management plan for an individual patient.

## Off-label medicines

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Off-label use describes situations where a medicine is used in a way that is different to the way described in its marketing authorisation. Examples of off-label use include using a medicine for a different illness to that stated in the licence, using a medicine in an age group outside the licensed range (usually in children or the elderly), or using a medicine at a higher dose than stated in the licence.

Independent prescribers may prescribe medicines for uses outside their licensed indications (as stated in the UK or European marketing authorisation) where it is accepted clinical practice or alternatively, where there is clear justification for prescribing outside the licensed indications or doses.

Organisations should have an approved policy for off-label prescribing. The policy should specify the need for authoritative clinical evidence and guidance to support prescribing decisions. In prescribing off-label, the non-medical prescriber accepts professional, clinical, and legal responsibility for any harms arising from a patient using the medicine as prescribed. This means independent prescribers should only prescribe off-label where it is accepted clinical practice.

When prescribing a medicine for off-label use, the prescriber should explain the need for the medicine to the patient or their representative (e.g. parent or guardian). Where a patient is unable to consent to off label use, the prescriber should act in accordance within their professional practice and within the policy of their employing organisation.

Supplementary prescribers may prescribe off-label medicines providing prescribing is in accordance with a patient's clinical management plan.

## Appliances, dressings and borderline substances

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Registered Nurse and pharmacist independent prescribers may prescribe any appliance and dressing listed in [Part IX of the Drug Tariff](#).

Registered Nurses and pharmacists prescribing in secondary care are not restricted to prescribing appliances/ dressings from Part IX of the Drug Tariff when prescribing within a hospital, but should take into account local formulary policies and the implications for primary care.

In primary care, NHS prescribers need to comply with the terms of service under which they operate. Borderline substances may be prescribed in specific circumstances but the prescription will need to be endorsed "ACBS" to confirm it is prescribed in accordance with the conditions set by the Advisory Committee on Borderline Substances (ACBS). Approved products can be found in [Part XV of the Drug Tariff](#).

In general non-medical prescribers should restrict their prescribing of borderline substances to items on the ACBS approved list, taking account of relevant guidance provided by their employing organisation.

# Education and training

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Registered **Nurses, pharmacists, podiatrists, physiotherapists, therapeutic radiographers, dietitians** and **paramedics** need to undertake an additional programme of study to become independent or supplementary prescribers.

These are multi-professional programmes leading to qualification as an independent or supplementary prescriber. Some programmes are professional-specific but may include elements of interprofessional learning.

In Wales an independent prescribing course specifically for optometrists is provided by the School of Optometry and Vision Sciences, Cardiff University. Other optometry schools also provide independent prescribing courses for optometrists, details of which can be accessed at [How to get an independent prescribing \(IP\) qualification – College of Optometrists \(college-optometrists.org\)](#).

All programmes require accreditation from the relevant professional regulatory bodies:

- General Pharmaceutical Council (GPhC) for pharmacists;
- Nursing and Midwifery Council (NMC) for nurses and midwives;
- General Optical Council (GOC) for optometrists;
- Health and Care Professions Council (HCPC) for the Allied Health Professions (AHPs) and Healthcare Scientists.

## Education preparation programmes in Wales

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The following approved education institutions in Wales provide independent or supplementary prescribing education programmes:

### University of South Wales

[www.southwales.ac.uk/study/subjects/nursing-health-sciences/health-cpd-courses/independent-prescribing/](http://www.southwales.ac.uk/study/subjects/nursing-health-sciences/health-cpd-courses/independent-prescribing/)

### Bangor University

Nurses, AHP and Radiographers:

[www.bangor.ac.uk/courses/postgraduate-taught/independent-prescribing](http://www.bangor.ac.uk/courses/postgraduate-taught/independent-prescribing)

Pharmacists:

[www.bangor.ac.uk/courses/postgraduate-taught/prescribing-for-pharmacists](http://www.bangor.ac.uk/courses/postgraduate-taught/prescribing-for-pharmacists)

### Cardiff University

Pharmacists:

[www.cardiff.ac.uk/study/postgraduate/taught/standalone-modules/pharmacist-independent-prescribing](http://www.cardiff.ac.uk/study/postgraduate/taught/standalone-modules/pharmacist-independent-prescribing)

Nurses, AHP and Radiographers:

[www.cardiff.ac.uk/study/postgraduate/taught/courses/course/advanced-practice-non-medical-prescribing-pgcert-part-time](http://www.cardiff.ac.uk/study/postgraduate/taught/courses/course/advanced-practice-non-medical-prescribing-pgcert-part-time)

Optometrists:

[www.cardiff.ac.uk/study/postgraduate/taught/courses/course/therapeutic-prescribing-for-optometrists](http://www.cardiff.ac.uk/study/postgraduate/taught/courses/course/therapeutic-prescribing-for-optometrists)

### Swansea University

Nursing/Midwifery:

[www.swansea.ac.uk/postgraduate/taught/health-social-care/non-medical-prescribing-nurses-midwives-pgcert/](http://www.swansea.ac.uk/postgraduate/taught/health-social-care/non-medical-prescribing-nurses-midwives-pgcert/)

Pharmacists:

[www.swansea.ac.uk/postgraduate/taught/health-social-care/non-medical-prescribing-pharmacists-pgcert/](http://www.swansea.ac.uk/postgraduate/taught/health-social-care/non-medical-prescribing-pharmacists-pgcert/)

AHPs and Radiographers:

[www.swansea.ac.uk/postgraduate/taught/health-social-care/non-medical-prescribing-allied-health-professionals-pgcert/](http://www.swansea.ac.uk/postgraduate/taught/health-social-care/non-medical-prescribing-allied-health-professionals-pgcert/)

### Glyndŵr University

[www.glyndwr.ac.uk/courses/postgraduate-courses/Non-medical-Prescribing-for-nurses-Pharmacists-and-Allied-Health-Professionals/](http://www.glyndwr.ac.uk/courses/postgraduate-courses/Non-medical-Prescribing-for-nurses-Pharmacists-and-Allied-Health-Professionals/)

### Open University

[www.open.ac.uk/postgraduate/modules/k803](http://www.open.ac.uk/postgraduate/modules/k803)

Independent and supplementary prescribing programmes offer blended learning and comprise a range of face to face and online teaching, self-directed and in practice learning. Assessment may include a variety of methods such as a practice assessments, objective structured clinical examination, numeracy and academic written assessment and written examinations.

For details of the education programme admission criteria, content and curriculum please contact the Approved Education Institution directly. Alternatively, further information can be accessed from the relevant regulatory bodies:

NMC:

[www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers/](http://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers/)

GPhC:

[www.pharmacyregulation.org/education/pharmacist-independent-prescriber](http://www.pharmacyregulation.org/education/pharmacist-independent-prescriber)

HCPC:

[www.hcpc-uk.org/standards/standards-relevant-to-education-and-training/standards-for-prescribing/](http://www.hcpc-uk.org/standards/standards-relevant-to-education-and-training/standards-for-prescribing/)

GOC:

[www.optical.org/en/education-and-cpd/education/post-registration-qualifications/](http://www.optical.org/en/education-and-cpd/education/post-registration-qualifications/)

# Supervision in training and the role of Designated Prescribing Practitioners

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During their independent prescribing training, trainees must undertake a period of practice-based learning to consolidate and contextualise the academic learning delivered by their training programme provider. This Period of Learning in Practice (PLP) enables the learner to put theory into practice; to develop and demonstrate competence as a prescriber under the supervision of an experienced prescribing practitioner.

Historically, doctors have provided this supervision as designated supervising medical practitioners (DSMPs) who are responsible for ascertaining whether trainees have met the necessary learning outcomes and acquired competencies as defined by the relevant professional, statutory and regulatory bodies and the Approved Education Institution (AEI) running the prescribing programme.

Changes to professional regulation have enabled some independent prescribers to take on this designated supervising practitioner role for the PLP, in addition to doctors. These regulatory changes improve access to training opportunities for those eligible to prescribe, with potential to increase numbers of independent prescribers. The PLP is critical to the development of safe and effective prescribers. The designated practitioner role is central to the PLP, and as such assuring

the quality of this role is essential. Where a non-medical prescriber provides the supervision of a trainee they are referred to as the Designated Prescribing Practitioner (DPP).

The Royal Pharmaceutical Society's (RPS's) [Competency Framework for Designated Prescribing Practitioners](#) describes the aim of the DPP role as being:

“To oversee, support and assess the competence of non-medical prescribing trainees, in collaboration with academic and workplace partners, during the period of learning in practice.”

DPP is as an umbrella term used to bring a number of different profession-specific titles together. The titles, used by professional regulators, that are covered by the term DPP (when applied in the context of prescribing training) are:

- Designated Medical Practitioner (DMP);
- Designated Prescribing Practitioner (DPP);
- Practice Supervisor;
- Practice Assessor; and
- Practice Educator.

The RPS has also developed a supporting [framework for DPP's](#) which is helpful when considering these roles and responsibilities.

# Competency framework for all prescribers

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The RPS manages the competency framework on behalf of all the prescribing professions in the UK including Wales. The competency framework was first published by the RPS in 2016.

In 2021 the [Competency Framework for all Prescribers](#) was updated following a review and legislative changes to prescribing and has been adopted by all professional regulatory bodies and forms the basis of prescribing competency assessment by all educational institutions in the UK.

The framework sets out what good prescribing looks like and provides a structure which describes the demonstrable knowledge, skills, characteristics, qualities and behaviours central to a safe and effective performance in a prescribing role.

It is a generic framework for all prescribers but it must be contextualised to reflect different areas of practice, levels of expertise and settings.

# Continuing professional development

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All registered healthcare practitioners have a professional responsibility to keep themselves abreast of clinical and professional developments. This includes prescribing. Health Education and Improvement Wales' Standards for Competency Assurance of Non-Medical Prescribers in Wales state that all non-medical prescribers are required to provide evidence their ongoing competence to prescribe by maintaining a portfolio of evidence, this will include records of continuing professional development (CPD) and other professional activities.

Prescribers are required to demonstrate CPD in their area of prescribing practice. This could include undertaking ongoing education and training programs or self-directed study.

Independent and/or supplementary prescribers will be required to keep up to date with evidence and best practice in the management of the conditions for which they prescribe, and in the use of the relevant medicines.

Employers should ensure that the independent or supplementary prescriber has maintained the relevance and currency of their prescribing practice, through the process of annual appraisal and where required, revalidation. Employers have an obligation to ensure prescribers have access to the relevant education and training relevant to their role.

# Expanding scope of practice

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There are occasions when prescribers will need to expand or change their prescribing scope of practice.

These may include:

- Being confident in their current prescribing scope of practice but having a restricted number of medicines they prescribe which needs to be expanded.
- Being confident in current prescribing scope of practice but identifying further areas that would support improving patient care, e.g. where current scope is management of chronic pain, but a large proportion of these patients are experiencing poor mental health and the management of mental health conditions such as depression would be a natural extension of role.
- A new service being established, e.g. previously prescribing in minor ailments but wanting to prescribe in a pain management service.
- Changing role.
- Changing setting, e.g. moving from primary care into a secondary care.

The RPS has developed guidance to support prescribers from all professions to safely expand their scope of practice.

[Professional Guidance: Expanding Prescribing Scope of Practice](#) supports the prescribing competency framework and provides a structure to support prescribers to identify their development needs, highlight ways which these can be met, and offers guidance on how to document the process and outcomes.



# Joint working

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Team working is essential to ensure the patient receives a seamless service and other healthcare professionals are available to provide advice and services outside of the area of competence and expertise of individual non-medical prescribers.

Arrangements for discussion of individual cases, together with referral to medical staff and other healthcare professionals should be in place.

- sharing the patient's record with the supplementary prescriber;
- determining when a formal clinical review is required;
- carrying out the formal clinical review at the agreed time, preferably with the supplementary prescriber; and
- reporting adverse incidents.

## Supplementary prescribing

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- A doctor or dentist can work with one or more supplementary prescribers.
- A supplementary prescriber can work with one or more doctors or dentists.
- In the supplementary prescribing relationship, the doctor or dentist will be responsible for:
  - the initial clinical assessment and diagnosis of the patient and for agreeing a clinical management plan with the supplementary prescriber;
  - determining which medicines may be prescribed by the supplementary prescriber bearing in mind the experience and areas of expertise of the supplementary prescriber;
  - providing advice and support to the supplementary prescriber as requested;
  - maintaining ad-hoc communication with the supplementary prescriber;

## Independent prescribing

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Registered Nurse, pharmacist, optometrist, physiotherapist, paramedic, podiatrist or therapeutic radiographer independent prescribers will work autonomously and be responsible for all prescribing decisions within their area of competency.

In some cases the initial clinical assessment and diagnosis may already have been made by the doctor or dentist working in partnership with the non-medical prescriber. In others this will not be in place and the independent prescriber will be required to make the assessment and diagnosis. For this reason independent prescribers should only prescribe within their area of expertise and competence and operate in an environment allowing referral and advice to and from other healthcare professionals.

# Legal and professional liability

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## Professional indemnity

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All prescribers must ensure that they have sufficient professional indemnity insurance relevant to their clinical practice.

The General Pharmaceutical Council require pharmacists to have professional indemnity arrangements in place as a condition of their professional registration.

The Nursing and Midwifery Council recommends that every nurse/midwife prescriber should ensure he/she has professional indemnity insurance, by means of a professional organisation or trade union body. Prescribers must also be aware of the level of indemnity insurance offered by their insurer to determine whether it is sufficient for purpose.

The College of Optometrists consider that every optometrist prescriber must ensure that he or she has professional indemnity insurance. Optometrists must ensure that their indemnity insurance covers them for the scope of their prescribing practice.

The Health and Care Professions Council states that registrants are required to have a professional indemnity arrangement in place as a condition of their registration.

## Liability and responsibilities of the non-medical prescriber

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Non-medical prescribers are accountable for all their prescribing decisions and any consequences arising from them. They should therefore only prescribe medicines they know are safe and effective for the patient and the condition being treated. They must be able to recognise and deal with pressures and conflicts of interest that could lead to inappropriate prescribing.

Where the practitioner is qualified to practice as a supplementary prescriber only, they should not prescribe outside the agreed clinical management plan. Doing so would be a clinical governance issue to be addressed by their employer, commissioner or professional regulator.

In addition, non-medical prescribers are individually professionally accountable to their respective professional regulatory bodies and must act in accordance with the relevant professional standards and code of ethics and conduct.

All prescribers should ensure that they have sufficient professional indemnity insurance in place to cover the activities they undertake as part of their prescribing role.

## Liability and responsibilities of employers

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Where an appropriately trained and qualified non-medical prescriber prescribes as part of their professional duties with the consent of their employer, the employer is also vicariously liable for the actions of the prescriber.

In order to support this process, the Standards for Competency Assurance of Non-Medical Prescribers in Wales support a “Once for Wales” approach to the quality assurance of the non-medical prescriber workforce in Wales. They set the minimum requirements for evidencing and review of ongoing competence to prescribe for non-medical prescribers and the employers of non-medical prescribers.

Maintaining confidence and competence to prescribe is a requirement within the RPS’s competency framework which indicates the importance of an ability to evidence ongoing prescribing competence. The following points set out the minimum requirements for non-medical prescribers to evidence their ongoing competence to prescribe:

Both the employer and employee (or contractor) should ensure that:

- the employee is qualified and competent to prescribe in the area of practice identified;
- the employee’s job description (or contractor’s agreed arrangements) includes a clear statement that prescribing is required as part of the duties of that post or service;

- the employee and employer undertakes regular (annual) appraisal and review, participating in revalidation requirements;
- a Disclosure and Barring Service (DBS) check has been undertaken for the employee within a timescale sufficient to identify any criminal activity that would put patients at risk. This is particularly important where roles have changed as a result of prescribing qualifications.

It is also good practice for employers to:

- undertake a DBS check when appointing a new member of staff. Employers should strongly consider a new DBS check for members of staff who have been employed for long periods of time, and where employers are supporting independent prescribers in extending their role;
- maintain a register of the independent and supplementary prescribers working in their healthcare community together with a copy of the prescriber’s signature.

# Record keeping

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All health professionals are required to keep accurate, legible, unambiguous and contemporaneous records of a patient's care.

It is best practice that details of any prescription, together with other details of patient consultations should be entered onto the shared patient record immediately, or failing that, as soon as possible after the consultation. Only in very exceptional circumstances (e.g. the intervention of a weekend or public holiday) should this period exceed 48 hours from the time of writing the prescription. It is also important to ensure that the patient is also reviewed by the prescriber and that the date of review and outcomes of the review consultation are documented.

Currently there is no single model or template for a patient record (although for guidance, staff should refer to any standards published by the relevant professional regulatory body). A good record is one that provides the information needed for all professionals involved in a patient's treatment to provide them with safe and effective care in a timely manner.

It is recommended that any record indicates:

- date of the prescription;
- name of the prescriber (and that they are acting as a nurse/pharmacist or allied health independent or supplementary prescriber);

- name of the item prescribed, together with the quantity (or dose, frequency and treatment duration);
- the review date for patient follow-up and a summary of the consultation.

To aid safe administration of medicines, the record should include:

- name of the medicine prescribed;
- strength (if any) of the preparation;
- dosing schedule (or frequency of application for topical products); and
- route of administration.

For dressings and appliances, recording details of how they are to be applied and how frequently changed, may be useful.

It is also recommended that any advice given on General Sales List and Pharmacy medicines it is intended a patient subsequently purchases themselves is also recorded.

Further information on prescription writing can be found in the [prescription writing guidance](#) section of the BNF.

# Reporting adverse drug reactions

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All prescribers are encouraged to report suspected adverse drug reactions through the Medicine and Healthcare products Regulatory Agency (MHRA's) [Yellow Card reporting scheme](#). The scheme is run by the MHRA and Commission on Human Medicines (CHM) and is used to collect information from health professionals and patients on suspected adverse drug reactions (ADRs).

Yellow card reports are collected from both health professionals and members of the public on:

- prescription medicines;
- herbal remedies;
- over-the-counter (OTC) medicines; and
- unlicensed medicines including cosmetic treatments.

Reports can be made to the scheme [www.yellowcard.mhra.gov.uk/](http://www.yellowcard.mhra.gov.uk/) or using the yellow card smartphone App. The App is available for download free of charge from [iTunes Yellow Card](#) for iOS devices or [PlayStore Yellow Card](#) for Android devices.

The Yellow Card App can be used to:

- Report a suspected adverse drug reaction (ADR) to a medicine, including vaccines, herbal products, and homeopathic remedies;
- Stay up to date with all the latest safety information published by the MHRA, including Drug Safety Update, using the newsfeed;
- Create watchlists for alerts to new safety information about your medicines of interest;
- View numbers of reports received by the MHRA to specific medicines and vaccines; and
- View your previously sent reports as a registered user.

Hard copy yellow cards can be obtained from the back of hard copies of the BNF or from [www.yellowcard.mhra.gov.uk/resources/reportingforms](http://www.yellowcard.mhra.gov.uk/resources/reportingforms).

# Prescription stationery

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## Ordering prescription forms (primary care)

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Information about ordering registering as a non-medical prescriber in primary care in NHS Wales can be accessed from the [NHS Wales Shared Services Partnership](#).

Independent prescribers working only in hospitals in Wales should contact their employer for advice.

## Storing prescription forms

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Prescribers are responsible for their prescription pads and all reasonable precautions to prevent loss and inappropriate use should be taken. Blank prescription forms should not be pre-signed before use.

Prescriptions are controlled stationery and should be securely stored.

A record of the first and last serial number of prescriptions in the pad issued to the prescriber should be made. It is considered good practice to record the serial number of the first remaining prescription form at the end of each working day. This will help identify any lost or stolen forms.

## Stolen prescription forms

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In the event of loss or suspected theft of prescriptions, the prescriber must report this immediately to their line manager who should inform the Local Health Board/Trust and NHS Wales Shared Services Partnership – Primary Care Services office [www.nwssp.nhs.wales/contact-us/general-service-contact-details/](http://www.nwssp.nhs.wales/contact-us/general-service-contact-details/) from which they order prescription forms.

## Destruction of prescription forms

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If a practitioner who has previously worked as a prescriber changes their role, leaves the organisation or ceases to have prescribing responsibilities, then they must return any remaining unused prescriptions to the employer. The employer should inform the NHS Wales Shared Services Partnership of the change and all unused prescription forms must be destroyed in accordance with local procedures. The health board or NHS Trust to which the prescriber is contracted should be able to provide advice about the local procedures for secure destruction.

# Managing specific situations

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## Separation of prescribing and dispensing or administration

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Wherever possible prescribers should separate the prescribing and administration (and for pharmacists prescribing and dispensing) of medicines. In exceptional circumstances, where one individual is involved in both prescribing and administering a medication for a patient a second suitably competent person should be involved in checking the accuracy of the medicines provided. This is particularly important where the medication is a controlled drug.

## Prescribing for self, friends and family

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Non-medical prescribers must not prescribe any medicine for themselves. Neither should they prescribe a medicine for anyone with whom they have a close personal or emotional relationship, other than in an exceptional circumstance.

## Gifts and benefits

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The advertising and promotion of medicines is strictly regulated under the Medicines (Advertising) Regulations 1994, and it is important that non-medical prescribers make their choice of medicinal product for their patients on the basis of evidence, clinical suitability and cost effectiveness alone.

Personal Gifts are prohibited, and it is an offence to solicit or accept a prohibited gift or inducement. Prescribers should always follow their employing organisation's policies and complete the relevant declarations for receiving gifts and benefits.

Companies may also offer hospitality at a professional or scientific meeting or at meetings held to promote medicines, but such hospitality should be reasonable in level and subordinate to the main purpose of the meeting. Health boards, NHS Trusts, and Special Health Authorities should have local policies for working with the pharmaceutical industry, which cover gifts and benefits, as well as, for example, access to prescribers and sponsorship. Prescribers should familiarise themselves with these policies and are expected to abide by them.

# Practising as a non-medical prescriber

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## Registering with the relevant professional regulator

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### Nursing and Midwifery Council register for Registered Nurse and midwifery prescribers

The AEI will provide the NMC, through the normal reporting processes, details of those students who have passed the relevant prescribing course. This annotation on the register is recognised by the NMC for supplementary and independent prescribers.

Once the NMC has received confirmation that the individual has met the required standard, they will write to each nurse informing them of what they need to do to have their registration entry annotated with the V300 code, indicating they are a qualified independent or supplementary prescriber.

The qualification must be registered with the NMC within 5 years of completion of training or the practitioner will need to re-take the course.

A fee is payable by practitioners recording prescribing as a qualification on the register. Details of fee payments are available from the NMC.

The NMC will write to the nurse and inform them of when the register has been updated. This will take 7 to 14 days from receipt of payment.

A nurse should not prescribe until they have been notified by the NMC that their registration entry has been annotated.

Information about the registration process should be directed to [www.nmc.org.uk/registration/](http://www.nmc.org.uk/registration/)

### General Pharmaceutical Council register annotation for pharmacist prescribers

To practice as a prescriber, a pharmacist must have their GPhC register entry annotated.

Through agreed reporting procedures, independent prescribing course providers send the GPhC details of pharmacists who have passed their course.

A pharmacist must apply individually to the GPhC for annotation using the online [application form](#).

Applications for an annotation must be submitted to the GPhC within six months of the date of the course award being issued.

An annotation fee is payable. Details of fee payments are available from the GPhC.

A pharmacist must not practise as an independent prescriber until they have been notified by the GPhC that their register entry has been annotated.

The GPhC provides an [on-line search facility](#) so that anyone can check whether a pharmacist is annotated as an independent prescriber or as a supplementary prescriber.



For queries about the annotation process, contact the GPhC by email at [registers@pharmacyregulation.org](mailto:registers@pharmacyregulation.org).

The GPhC welcomes correspondence in both Welsh and English. Where correspondence is received in Welsh, the GPhC is committed to responding in Welsh.

### **General Optical Council (GOC) register for optometrist prescribers**

Optometrists acquire a qualification approved by the GOC leading to specialist entry to the GOC register.

Information about contacting the GOC can be found at [www.optical.org/en/about-us/contact-us/](http://www.optical.org/en/about-us/contact-us/).

An optometrist should not practice as a prescriber until they have been notified by the registration department at the General Optical Council (GOC) that their registration includes entry to the GOC's specialist register in independent prescribing (IP).

### **Health Care Professions Council (HCPC) register for physiotherapist, paramedic, podiatrist, therapeutic radiographer and dietitian prescribers**

The AEI will provide the pass list through the normal reporting processes, with details of students who have passed the relevant prescribing course. The Health Care Professional Council automatically update the register.

The registration process may take 7 to 14 days after Health Care Professions Council have received the list of successful students to have completed a non-medical prescribing course from AEIs.

The allied health or radiographer professional prescriber should not practice as a prescriber until independent (or supplementary) prescribing appears against their name in the online register.

Allied health professionals and radiographers with queries about the registration process can contact the [Health Care Professions Council registration department](#).

## **Registering with the NHS Wales Shared Services Partnership**

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Any Independent prescriber requiring NHS WP10 prescriptions (for use in primary care or hospital outpatients) must register with [NHS Wales Shared Services Partnership](#).

An independent prescriber using non WP10 Series stationary ie hospital specific stationery does not need to register with NHS Wales Shared Services Partnership.

NHS Wales Shared Services Partnership – Primary Care Services must be provided with the details of the prescriber intending to prescribe on WP10 prescriptions using one of the forms below:

Non-medical prescriber notification forms can be obtained at [www.nwssp.nhs.wales/ourservices/primary-care-services/non-medical-prescribers/](http://www.nwssp.nhs.wales/ourservices/primary-care-services/non-medical-prescribers/)

Notifying NHS Wales Shared Services Partnership of the required details enables the setting up of automatic monitoring processes as well as allowing the provision of prescriber details to the Print Management Supplier for the printing of personalised prescription pads.

NHS Wales Shared Services Partnership – Primary Care Services will register the prescriber against a health board identified prescribing budget. If the prescriber is working at more than one location, eg. working at two GP practices, a separate registration is required for each location.

The prescriber must ensure they have discussed with the health board, in whose area they intend to prescribe, their intention to prescribe prior to registering with NHS Wales Shared Services Partnership. The prescriber must ensure that their registration form is signed by the appropriate person at the health board before returning it.

The authorised signatory must be in a position to confirm on behalf of the relevant health board that:

- there is a service need and therefore the opportunity to act as a prescriber; and
- there is a budget to meet the NHS costs of the prescriptions.

## Change in circumstances

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It is the responsibility of the employer of a non-medical prescriber who is registered with NHS Wales Shared Services Partnership to ensure the NHS Wales Shared Services Partnership is informed as soon as possible of:

- any change to that prescribers' details e.g. change of name on marriage or change of address or telephone number;
- when a prescriber is no longer carrying out prescribing duties.

Failure to do this will mean that prescription forms will continue to be produced with the incorrect details on them. Changes can be made by submission of a notification form.

## Which prescription form do I need?

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### Primary care

A prescriber employed in primary care whose prescriptions will be dispensed at NHS expense in a community pharmacy or by a dispensing GP is required to prescribe using the NHS WP10 series prescriptions. The prescriber should discuss their prescription form requirements with the nominated individual(s) responsible for ordering and distributing prescriptions within their organisation.

The prescribing costs arising from WP10 prescriptions will be charged to the relevant health board prescribing budget.

### Secondary care

A prescriber whose prescriptions will be dispensed within the hospital should prescribe on standard hospital stationery e.g. in-patient chart, discharge prescription, outpatient prescription.

A prescriber employed in secondary care but whose prescriptions will be dispensed at NHS expense in a community pharmacy is required to prescribe using the NHS WP10 (HP) series prescriptions. The prescriber should discuss their prescription form requirements with the nominated individual(s) responsible for ordering and distributing prescriptions within their organisation.

The prescribing costs arising from WP10 series hospital prescriptions (WP10HP) will be charged to the hospitals' appropriate prescribing budget, usually at directorate level.

## Placing an order for prescription forms

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Employers should note that NHS WP10 prescription forms are not sent out automatically following registration and prescriptions must be ordered from the NHS Wales Shared Services Partnership for primary care or direct from the Print Management Supplier for secondary care.

The Print Management Supplier will only process orders if the prescriber has also provided the relevant registration details to NHS Wales Shared Services Partnership. At least ten working days should be allowed between notifying detail to the NHS Wales Shared Services Partnership and ordering prescriptions.

Orders for new WP10 prescription pads should not be placed earlier than 6 weeks prior to the date the individual is scheduled to begin prescribing for the organisation.

WP10 prescription pads used in primary care will be delivered by the Print Management Supplier to the NHS Wales Shared Services Partnership for forwarding to the prescriber.

WP10HP prescriptions are not personalised and are delivered directly to the hospital placing the order.

## Personalisation of prescription forms

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Supplementary and independent prescriber prescription pads are overprinted by the Print Management Supplier with the prescriber's personal details as registered with NHS Wales Shared Services Partnership. This will include the prescriber's name, NHS Wales unique identifier, practice code, practice address, telephone number, name of the health board and professional registration number.

Community Nurse Independent Prescriber prescription pads (WP10CN, WP10PN) and single sheet prescriptions used in primary care are not personalised.

It is important therefore that:

- nurses using WP10CN and WP10PN annotate each prescription with the prescriber's name, unique identifier, practice code, practice address, telephone number, name of the health board and the prescriber's NMC registration number; or
- for single sheet prescriptions, any computer software used must be able to overprint the prescriber's name, unique identifier, practice code, practice address, telephone number, name of the health board and the prescriber's professional registration number.

WP10 series prescription pads used in secondary care are not personalised and will need to be stamped with the directorate costing code, hospital name or hospital and directorate name and the hospital address.

## Computer generated prescriptions

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Single sheet prescriptions for use with GP computer systems are available as WP10SPSS (for supplementary prescribers in primary care) and WP10IPSS (for independent prescribers in primary care).

Supplementary and independent prescribers who wish to prescribe using the GP practice computer or similar system should:

- first ensure that the computer software is able to support them to do this;
- request the single sheet version of the WP10 not a pad. The single sheet prescriptions will be pre-printed with Supplementary Prescriber or Independent Prescriber across the top of the prescribing area. Single sheet WP10 prescriptions belonging to GP colleagues must not be used; and

- notify NHS Wales Shared Services Partnership by completing the relevant section of the notification form.

On receipt of the completed form, NHS Wales Shared Services will allocate individuals with a unique identifier. The non-medical prescriber must ensure that the GP software prints this identifier in the correct location on the prescription form.

## Verifying the status of a non-medical prescriber

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In most cases enquiries can be resolved by contacting the non-medical prescriber or their employer.

Employers or pharmacies wishing to confirm a prescriber's status should check the publicly available registers of the [NMC](#), [GPhC](#), [GOC](#) or [HCPC](#).

# Dispensing non-medical prescriber prescriptions

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The dispensing pharmacist is not expected to routinely check that:

- the medicine prescribed is included in the clinical management plan for supplementary prescribers;
- the prescriber is an independent nurse prescriber (limited to the community nurse practitioner formulary), supplementary or independent prescriber; or
- the prescriber is prescribing within their areas of competency.

The dispensing pharmacist does need to ensure that a prescription meets the legal requirements including any limitations on what can be prescribed by different professionals as set out earlier in this guidance, and if an NHS prescription is being dispensed that the medicine is allowed to be prescribed at NHS expense.

## Separation of prescribing and dispensing, supply

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The prescribing and dispensing, supply or administration of medicines should normally remain separate functions performed by separate health care professionals.

The joint Royal College of Nursing (RCN) and RPS document [Professional Guidance on the Administration of Medicines in Healthcare Settings](#) states “wherever possible, the actions of prescribing, dispensing/supply and administration are performed by separate health care professionals. Exceptionally, where clinical circumstances make it necessary and in the interests of the patient, the same health care professional can be responsible for the prescribing, dispensing or supply or administration of medicines. Where this occurs, an audit trail, documents and processes are in place to limit errors.”

In exceptional circumstances, where a pharmacist is both prescribing and dispensing a patient’s medication, a second suitably competent person should normally be involved in the checking process. Where the two roles do coexist, another person should carry out a final accuracy check and where possible, a check for clinical appropriateness should also be carried out.

Further information is available in an [RCN and RPS joint position statement](#).

## Dispensing doctors

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Where a GP practice is a dispensing practice, prescriptions from independent and supplementary prescribers can be dispensed by the practice but only for the dispensing patients of that practice.

Dispensing Doctors cannot dispense prescriptions written by independent supplementary prescribers for patients of other practices.

## Cross border issues

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Community pharmacists in England, Scotland and Northern Ireland can dispense prescriptions written by independent prescribers practising in Wales.

Community pharmacists in Wales can dispense prescriptions written by independent prescribers practising in Scotland, England and Northern Ireland.

# Private practice

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Registered Nurse, pharmacist, optometrist, physiotherapist, podiatrist, therapeutic radiographer and paramedic independent prescribers who work outside the NHS settings must ensure they comply with professional requirements to demonstrate their competence to practice.

Registered Nurse, optometrist, pharmacist, physiotherapist, podiatrist, therapeutic radiographer and paramedic independent prescribers who have dual roles within the NHS and in the private sector must not use NHS WP10 prescription forms when practicing in the private sector.

Registered Nurse, optometrist, pharmacist, physiotherapist, podiatrist, therapeutic radiographer and paramedic independent prescribers working in the private sector should seek guidance from their relevant professional bodies or health board regarding writing of private prescriptions in the course of their work for the NHS.

Private prescriptions written by an independent prescriber should be dispensed in the same way as those prescriptions written by a doctor or dentist.

# Glossary

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## **Approved Education Institution (AEI)**

A higher education institution approved by the relevant professional regulators to provide non-medical prescribing training.

## **Allied Health Professional (AHP)**

A person registered in one of the professions identified as AHP in Wales, regulated by the Health and Care Professions Council. For the purposes of this document this means: as a person registered as either a paramedic, physiotherapist, dietitian or podiatrist. (NB. This does not include radiographers, who are regulated by the HCPC, but are designated as one of the healthcare science professions).

## **All Wales Medicines Strategy Group (AWMSG)**

The statutory advisory committee established by Welsh Ministers to provide advice on new and existing medicines, medicines management and prescribing in Wales.

## **Black triangle drugs**

The black triangle denotes a new drug. All adverse reactions to black triangle drugs should be reported to the MHRA's yellow card scheme.

## **Comparative Analysis System for Prescribing Audit (CASPA)**

A prescribing analysis system provided by NHS Wales Shared Services Partnership.

## **Clinical management plan (CMP)**

A document agreed between a supplementary prescriber, a doctor or dentist, and a patient describing how the patient is to be managed and which medicines the supplementary prescriber can prescribe.

## **Controlled drug (CD)**

A controlled drug is one designated as such in The Misuse of Drugs Act 1971. There are five categories of controlled drug, Schedule 1, 2, 3, 4 and 5.

## **Designated Prescribing Practitioner (DPP)**

An experienced prescribing practitioner who supports, supervises and assesses an independent or supplementary prescriber during the 'learning in practice' element of the training course.

## **General Optical Council (GOC)**

The regulatory body for optometrists in, England, Scotland and Wales.

### **General Pharmaceutical Council (GPhC)**

The regulatory body for pharmacists in England, Scotland and Wales.

### **Health and Care Professions Council (HCPC)**

The regulatory body for specified health and care professionals in England Scotland, Northern Ireland and Wales. This includes professions known collectively as Allied Health Professionals and as Healthcare Scientists.

### **NHS Wales Shared Services Partnership**

A shared services function established to deliver a wide range of professional, technical, and administrative services for and on behalf of NHS Wales including the Prescribing Services Unit which provides data entry and pricing services relating to prescriptions dispensed within Wales. It is also responsible for the provision of prescribing information and information systems to enable drug expenditure to be monitored.

### **Licensed medicine**

The Medicines and Healthcare products Regulatory Agency (MHRA) operates a system of licensing before the marketing of medicines. Medicines, which meet the standards of safety, quality and efficacy, are granted a marketing authorisation (previously a product licence), which is normally necessary before they can be prescribed or sold. This authorisation covers all the main activities associated with the marketing of a medicinal product.

### **Nursing and Midwifery Council (NMC)**

The UK regulatory and professional regulatory body for nurses and midwives. The Nursing and Midwifery Council holds a professional register with three parts: Nursing, Midwifery and Specialist Community Public Health Nursing.

### **'Off-label' medicine**

A medicine which is prescribed outside of the terms of the marketing authorisation.

### **Royal Pharmaceutical Society (RPS)**

The professional body for pharmacists in England, Scotland and Wales. The RPS is responsible for maintaining the competency framework for all prescribers regardless of profession.

### **Unlicensed medicine**

An unlicensed medicine does not have a marketing authorisation issued by the Medicines and Healthcare products Regulatory Agency. Products that are not licensed in the UK include: i) an imported product licensed in another member state or third country but not in the UK and ii) unlicensed products manufactured in the UK to the specification of a prescriber, to meet the special needs of his/her individual patients, where no UK licensed medicine is available to meet those special needs.



# Bibliography

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Prescribing Dilemmas – A Guide for Prescribers [www.awmsg.nhs.wales/files/guidelines-and-pils/prescribing-dilemmas-a-guide-for-prescribers-pdf/](http://www.awmsg.nhs.wales/files/guidelines-and-pils/prescribing-dilemmas-a-guide-for-prescribers-pdf/)

British National Formulary Guidance on prescribing  
[www.bnf.nice.org.uk/guidance/guidance-on-prescribing.html](http://www.bnf.nice.org.uk/guidance/guidance-on-prescribing.html)

Nurse Prescribers' Formulary  
[www.bnf.nice.org.uk/nurse-prescribers-formulary/approved-list-for-prescribing-by-community-practitioner-nurse-prescribers-npf/](http://www.bnf.nice.org.uk/nurse-prescribers-formulary/approved-list-for-prescribing-by-community-practitioner-nurse-prescribers-npf/)

College of Paramedics Practice Guidance for paramedics – Independent and supplementary prescribers  
[www.collegeofparamedics.co.uk/COP/Professional\\_development/Medicines\\_and\\_Independent\\_Prescribing/COP/ProfessionalDevelopment/Medicines\\_and\\_Independent\\_Prescribing.aspx?hkey=04486919-f7b8-47bd-8d84-47bfc11d821a](http://www.collegeofparamedics.co.uk/COP/Professional_development/Medicines_and_Independent_Prescribing/COP/ProfessionalDevelopment/Medicines_and_Independent_Prescribing.aspx?hkey=04486919-f7b8-47bd-8d84-47bfc11d821a)

General Optical Council Independent Prescribing Handbook  
[www.optical.org/media/j51li2rq/independent-prescribing-handbook.pdf?docid=9B627708-5D4E-48AF-AACCD07F79427B19](http://www.optical.org/media/j51li2rq/independent-prescribing-handbook.pdf?docid=9B627708-5D4E-48AF-AACCD07F79427B19)

Health and Care Professionals Council Standards for prescribing  
[www.hcpc-uk.org/standards/standards-relevant-to-education-and-training/standards-for-prescribing/](http://www.hcpc-uk.org/standards/standards-relevant-to-education-and-training/standards-for-prescribing/)

Health Education and Improvement Wales Standards for Competency Assurance of Non-Medical Prescribers in Wales  
[www.heiw.nhs.wales/files/standards-for-competency-assurance-of-independent-and-supplementary-prescribers-in-wales/](http://www.heiw.nhs.wales/files/standards-for-competency-assurance-of-independent-and-supplementary-prescribers-in-wales/)

Medicines and Healthcare products Regulatory Agency Medical and Non-Medical Prescribing – Mixing of medicines  
[www.gov.uk/drug-safety-update/medical-and-non-medical-prescribing-mixing-medicines-in-clinical-practice](http://www.gov.uk/drug-safety-update/medical-and-non-medical-prescribing-mixing-medicines-in-clinical-practice)

Nursing and Midwifery Council standards for post registration and standards for prescribing  
[www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers/](http://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers/)

The Medicines Advertising Regulations 1994  
[www.legislation.gov.uk/uksi/1994/1932/made](http://www.legislation.gov.uk/uksi/1994/1932/made)

The Misuse of Drugs Regulations 2021  
[www.legislation.gov.uk/uksi/2001/3998/contents/made](http://www.legislation.gov.uk/uksi/2001/3998/contents/made)

Royal Pharmaceutical Society Designated Prescribing Practitioner competency framework  
[www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework](http://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework)

Royal Pharmaceutical Society A Competency Framework for all Prescribers  
[www.rpharms.com/resources/frameworks/prescribing-competency-framework/competency-framework](http://www.rpharms.com/resources/frameworks/prescribing-competency-framework/competency-framework)

Royal Pharmaceutical Society Professional Guidance: Expanding Prescribing Scope of Practice  
[www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Prescribing%20Competency%20Framework/RPS%20-%20Scope%20of%20Practice-English-220601.pdf?ver=fNYC4O\\_ThDfE3AsC01HvFw%3d%3d](http://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Prescribing%20Competency%20Framework/RPS%20-%20Scope%20of%20Practice-English-220601.pdf?ver=fNYC4O_ThDfE3AsC01HvFw%3d%3d)

# Appendix 1: The clinical management plan

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Before supplementary prescribing can take place, it is obligatory for an agreed CMP to be in place (written or electronic) relating to a named patient and to that patient's specific condition(s) to be managed by the supplementary prescriber. This should be included in the patient record.

The plan must include:

- the name of the patient to whom the plan relates;
- the illness or conditions which may be treated by the supplementary prescriber;
- the date on which the plan is to take effect, and when it is to be reviewed by the doctor or dentist who is party to the plan;
- reference to the class or description of medicines or types of appliances which may be prescribed or administered under the plan;
- any restrictions or limitations as to the strength or dose of any medicine which may be prescribed or administered under the plan, and any period of administration or use of any medicine or appliance which may be prescribed or administered under the plan;
- relevant warnings about known sensitivities of the patient;
- the arrangements for notification of adverse drug reactions; and
- the circumstances in which the supplementary prescriber should refer to, or seek the advice of, the doctor or dentist who is party to the plan.

The clinical management plan should be kept as simple as possible. It may refer to national or local evidence-based guidelines to identify the medicines that are to be prescribed, or circumstances in which dosage, frequency or formulation should be changed. There is no need to repeat the advice in these guidelines in the body of the plan itself, nor does the plan need to repeat detailed information that is contained in the patient's record shared by both prescribers, unless such information is essential for clarity and patient safety.

The plan must be reviewed at least every 12 months.

Following diagnosis by the doctor/dentist independent prescriber, the independent and supplementary prescriber will need to discuss the plan before the document itself is prepared.

The doctor or dentist or supplementary prescriber may draft the plan, however, both must formally agree to the plan before supplementary prescribing can begin.

It must be recorded that the patient has given their consent to being part of a supplementary prescribing partnership.

It is for the doctor or dentist to determine the extent of the responsibility he or she wishes to give to the supplementary prescriber under the plan.

The plan comes to an end:

- at any time at the discretion of the doctor or dentist;
- at the request of the supplementary prescriber or the patient; or
- at the time specified for the review of the patient (unless it is renewed by both prescribers at that time).

Where the doctor or dentist is replaced for whatever reason, the CMP must be reviewed and agreed by the successor before the supplementary prescriber can continue treating and prescribing for the patient.

A template CMP can be found below.

**Clinical Management Plan template**

Name of patient:		Patient medication sensitivities/allergies:	
Patient identification eg. ID number / date of birth:			
Current medication:		Medical History:	
Independent prescriber: Contact details: [Tel/e-mail/address]		Supplementary Prescriber: Contact details: [Tel/e-mail/address]	
Condition(s) to be treated:		Aim of treatment:	
Medicines that may be prescribed by SP:			
Preparation	Indication	Dose schedule	Specific indications for referral back to IP
Guidelines or protocols supporting Clinical Management Plan:			
Frequency and review of monitoring by:			
Supplementary prescriber:		Supplementary prescriber & independent prescriber:	
Process for reporting ADR's:			
Shared record to be used by SP and IP:			
Agreed by IPs:		Agreed by SPs:	
Date:		Date:	
Date agreed with patient/carer:			