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## Patient Group Directions (PGDs) and Occupational therapists

### Introduction

The development of new skills and roles in practice is encouraged within occupational therapy. Occupational therapists' transferable skills are valued in many settings, and diverse practice is acknowledged by The College of Occupational Therapists<sup>1</sup> and within Health and Care Professions Council (HCPC) standards of proficiency<sup>2</sup>.

One area of increasing diverse practice for occupational therapists is related to medicines management, which is part of the wider medicines optimisation agenda. A working knowledge of medication and its effect on occupational performance on people is a vital element to occupational therapists' knowledge. With increased diversity in practice, more occupational therapists are becoming involved in medicines optimisation, as such it is important that occupational therapists understand their responsibilities<sup>3</sup>.

Medicines legislation is clearly defined under the Human Medicines Regulations 2012. There are a number of legal options for the prescribing<sup>4</sup>, supply and administration of medicines.

These are (reference NICE MPG2 PGDs):

- **Independent prescribing** – the prescriber (a doctor, dentist or non-medical independent prescriber) takes responsibility for the clinical assessment of the patient, establishing a diagnosis, the clinical management needed and prescribing.
- **Supplementary prescribing** – a voluntary partnership between a doctor or dentist and a supplementary prescriber, to prescribe within an agreed patient-specific clinical management plan<sup>5</sup> with the patient's agreement.
- **Patient Specific Directions (PSDs)**<sup>6</sup> – written instructions, signed by a doctor, dentist, or non-medical prescriber for a medicine to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis. Writing a PSD is a form of prescribing.
- **Patient Group Directions (PGDs).**
- **Exemptions**<sup>4</sup> from medicines legislation.

The preferred option in the majority of care is the prescribing of medicines on an individual, patient-specific basis by way of writing a prescription or by writing a PSD.

The supply and administration of medication under PGD "...should be reserved for situations in which this offers an advantage for patient care without compromising



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patient safety, and there are clear governance arrangements and accountability.”  
(Medicines practice guideline [MPG2], 2013<sup>7</sup>)

The following is a guide to support occupational therapy staff, who are considering whether there could be an advantage for patients in developing a PGD within their service.

### **What is it?**

A Patient Group Direction (PGD) is a signed, written document supported by a legal framework that allows named, authorised and registered health professionals (including occupational therapists<sup>8</sup>) to supply and/or administer specified medicine(s). The specified medicines are supplied/administered to a pre-defined group of patients with conditions described and detailed within the PGD. An authorised PGD within a service enables **the named, authorised health professionals** to supply and/or administer medicines without the requirement to consult a doctor or dentist.

### **Prior to developing a PGD the following MUST first be considered.**

- The preferred way for a patient to receive a medicine is via a prescriber directly to a patient on a one-to-one basis. This might be by individual prescription dispensed by a pharmacist, or by a Patient Specific Direction (PSD).
- PGDs should not be seen as a direct substitute for prescribing and there must be clear rationale and multi-disciplinary team (MDT) support with full adherence to relevant legislation and national and local guidelines.
- Patient Safety – evidence to support development of a PGD must demonstrate that it is safe, with improved outcomes, be clinically effective and cost effective. It should ensure patient choice and provide an optimum patient experience.
- PGDs take a significant amount of time and resource to develop, implement and review. As such any organisation developing a PGD must make full consideration about whether it is the most appropriate option to deliver safe and timely care for patients. For this reason, occupational therapists must ensure that they adhere to any organisational PGD policies and procedures when embarking on this process.
- MDT approach – PGDs should be developed by a multidisciplinary team and must be signed off by a doctor or dentist and a pharmacist . Prior to developing a PGD, occupational therapists must obtain full agreement to do so within their organisation with key professionals who have the clinical and governance expertise (for example pharmacist leads) and authority to



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proceed, supported by a knowledge of the service where the PGD is to be delivered.

- An MDT with extensive knowledge of national legislation, local procedure, governance and policies relating to PGD is essential.
- Occupational therapists involved in PGDs from development to delivery must abide by the College of Occupational Therapists code of ethics<sup>9</sup> and requirements under the HCPC.

If you are considering a PGD within your service or are going to be authorised to use a PGD in practice, you are advised to complete this e-learning<sup>A</sup> to ensure that you have an understanding of the whole process and factors to consider.

You may also wish to have look at and complete the NICE PGD Competency Framework<sup>B</sup> which is relevant to your needs.

In addition, we would strongly recommend Quality PGDs - 7 stages to success resource<sup>C</sup> as an essential reference source. This document clearly breaks down the seven steps needed in the PGD process cycle which are as follows:

**Step 1** Think about finding the safest route for patients to receive their medicines within the service or pathway

**Step 2** Think about the process, the people to involve and the medicine

**Step 3** Getting ready to write the PGD

**Step 4** Writing and agreeing the PGD for submission

**Step 5** Authorising the PGD

**Step 6** Getting ready to use the PGD

**Step 7** Monitoring and reviewing the PGD in practice

### **United Kingdom nation specific variations**

The above guidance applies generally across all nations within the United Kingdom. As stated above, it is essential that members refer to local procedures, governance and policies within their specific setting and prior to commencing any work on PGDs.

In Scotland, the NHS Education for Scotland website contains nation specific guidance on considerations and the process on PGDs<sup>10</sup> which occupational therapists in Scotland should review.

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**For further questions on any of the above please contact:**

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**Essential further reading:**

A. Patient Group Directions. An e-learning programme for people and organisations who are considering, developing, authorising and using patient group directions. CPPE. October 2016. <https://www.cppe.ac.uk/e-learning/pgd/story.html>. Accessed 30.11.2016.

B. Patient Group Directions. Medicines practice guideline [MPG2]. <https://www.nice.org.uk/guidance/mpg2/resources>. Accessed 20.03.2017.

C. Quality PGDs – 7 steps to success. Specialist Pharmacy Service. Medicines Use and Safety - Patient Group Directions. July 2016. <https://www.sps.nhs.uk/articles/quality-pgds-7-steps-to-success/>. Accessed 25.08.2016.

**References and further resources:**

1. FAQs: Professional Enquires. Enquires FAQ Diverse Practice – What do I need to consider (Feb 2015). <https://www.cot.co.uk/professional-practice-enquiries-service/faqs>. Accessed 20.03.2017.

2. Health and Care Professions Council – HCPC. (2013). Standards of proficiency for occupational therapists. Available at: <http://bit.ly/2IXHT0l>. Accessed 20.03.2017.

3. College of Occupational Therapy. Good Practice briefing - Medicines management and Administration responsibilities. Page on COT website: <https://www.cot.co.uk/briefings/medicines-management-and-administration-responsibilities>. Accessed 20.03.2017.

4. Medicines and Prescribing. Health and Care Professions Council –HCPC. Available at: <http://www.hcpc-uk.co.uk/aboutregistration/medicinesandprescribing/>. Accessed 20.03.2017.

5. The Human Medicines Regulations 2012, SCHEDULE 14. Clinical management plan. Available at: <http://www.legislation.gov.uk/ukxi/2012/1916/schedule/14/made>. Accessed 20.03.2017.



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6. Patient Specific Directions – Q&A. Specialist Pharmacy Service. July 2015. <https://www.sps.nhs.uk/articles/patient-specific-directions-qa/>. Accessed 20.03.2017.
  7. National Institute for Health and Care Excellence (NICE) Patient Group Directions (MPG2). Available at: <https://www.nice.org.uk/Guidance/MPG2>. Accessed 20.03.2017.
  8. Medicines & Healthcare products Regulatory Agency. Patient group directions: who can use them. Available at: <https://www.gov.uk/government/publications/patient-group-directions-pgds/patient-group-directions-who-can-use-them> Accessed 20.03.2017.
  9. College of Occupational Therapists (2015a) Code of ethics and professional conduct London, UK: College of Occupational Therapists Ltd.
  10. Patient Group Directions . NHS Education for Scotland. Available at: <http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/prescribing-and-patient-group-direction/patient-group-directions.aspx>. Accessed 20.03.2017.