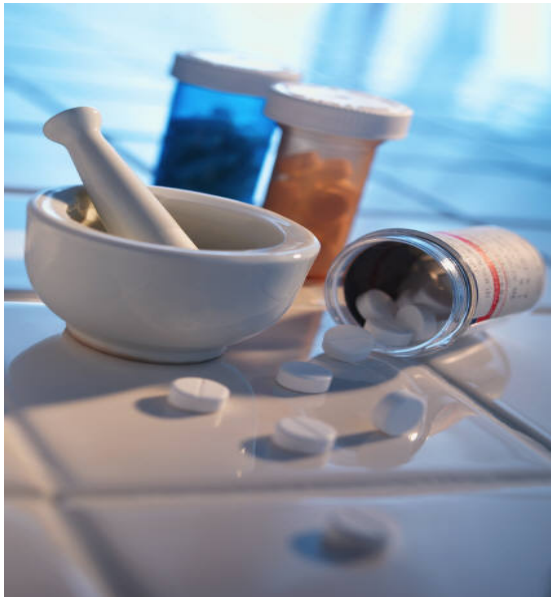


PGD User Workbook



Name.....

Date.....

Base

Trust.....

1: Contents

	Page
1. Contents	1
2. Introduction to Workbook	2
3. Examples of Acceptable Evidence to meet competences	3
4. The Consultation- <i>1:1 Clinical and Pharmaceutical Knowledge</i>	4
5. The Consultation- <i>1:2 Establishing Options</i>	5
6. The Consultation- <i>1:3 Communicating with patients</i>	6
7. Effective Supply and Administration within a PGD- <i>2:1 Safe PGD use</i>	7
8. Effective Supply and Administration within a PGD- <i>2:2 Professional Standards</i>	8
9. Effective Supply and Administration within a PGD- <i>2:3 Practice Development</i>	9
10. PGDs in Context- <i>3:1 Information in Context</i>	10
11. PGDs in Context- <i>3:2 The NHS in Context</i>	11
12. PGDs in Context- <i>3:3 The Team and Individual Context</i>	12
13. References / Relevant Documents / Relevant Websites	13

2: Introduction to the PGD Workbook

It has been identified that continuous professional development (CPD) is important for those trained in the use of Patient Group Directions (PGDs). The non medical prescribing champions, lead pharmacists and non medical prescribing facilitators have devised a workbook which should help PGD users to meet their competencies on a yearly basis ensuring that standards are being maintained and risks minimised. The workbook has been adapted from the National Prescribing Centre 'Practical guide and framework for professional using patient group directions', to allow familiarity and aid achievement of the competencies.

The workbook endeavours to show all PGD users the competencies they require to maintain, to allow them to supply and administer safely, and helps them to identify gaps in their knowledge and practice which require further training or mentoring. It also allows the Trusts, patients and carers within Cumbria to feel safe in the knowledge that there is a system set up to capture any potential risks to practice

The workbook should be given to those who have just undertaken the PGD training and those whose practice is ongoing, and should be worked through on a *two* yearly basis. The PGD users will be asked to provide signatures and written work to put into their workbook which will help build up a portfolio of evidence and can also be used for the KSF development review process. A reference system can be used if one piece of evidence meets several competencies

- **A medical mentor can sign and date the relevant competency after having witnessed the practice and deemed you competent**
- **Your manager / Mentor/ Clinical Supervisor who is going through your competencies throughout the year, can sign and date the competencies having satisfied themselves with the evidence you have provided**

3: Acceptable evidence to meet your competencies

- Certificates relevant to practice from Courses/ training sessions
- Copy of PGD audits carried out
- Evidence of reading relevant journals and articles in relation to the competency
- Verbal evidence through discussion with your mentor or manager
- Written evidence
- Verbal knowledge/ awareness of guidelines/ standards/ policies/ procedures etc relevant to PGD use and area of practice
- Minutes of meetings with manager/ colleagues/ other PGD users
- Reflective practice evidence in relation to change/ improvement in practice
- Evidence of incident forms (if relevant)
- Discussion using patients notes

THE CONSULTATION

1:1 CLINICAL AND PHARMACEUTICAL KNOWLEDGE *Has up-to-date clinical and pharmaceutical knowledge relevant to the scope of the PGD*

COMPETENCIES	EVIDENCE	SIGNATURES AND DATES
a. Understands the medical conditions being treated, their natural progress and how to assess the severity of disease		
b. Maintains an up-to-date knowledge of PGD products		
c. Understands different non-pharmacological and pharmacological approaches to modifying disease and promoting health, desirable and undesirable outcomes and how to identify and assess them		
d. Applies the principles of evidence-based medicine, and clinical and cost-effectiveness		
e. Understands the mode of action and pharmacokinetics of medicines within the PGDs, how these mechanisms may be altered (e.g. by age, renal impairment) and how this affects dosage		
f. Understands the potential for unwanted effects, (e.g. adverse drug reactions (ADRs), drug interactions, special precautions and contraindications), and how to avoid/minimise and manage them		
g. Appreciates the misuse potential of drugs		
h. Understands how medicines are licensed, monitored (e.g. how ADRs are reported) and supplied		
i. Understands the public health issues related to medicines use		

THE CONSULTATION

1:2 ESTABLISHING OPTIONS *Reviews diagnosis and generates treatment options for the patient, including follow up within the PGD*

COMPETENCIES	EVIDENCE	SIGNATURES AND DATES
a. Takes a comprehensive medical history and undertakes an appropriate physical examination		
b. Builds a complete medication history including complementary medicines, herbal remedies, OTC medicines		
c. Reviews the working or final diagnosis by systematically deciding between the various possibilities (differential diagnosis)		
d. Requests, and interprets, relevant diagnostic tests within scope of competency		
e. Views and assesses the patient's needs holistically (e.g. psychosocial, physical)		
f. Considers no treatment, non-drug and drug treatment options (including referral and preventive measures)		
g. Assesses the relationship between multiple pathologies, existing medication and contraindications of treatment options		
h. Assesses the risks and benefits to the patient of taking/ not taking a medicine (or using/not using a treatment)		
i. Identifies ongoing treatment plan and referral options for patient		
j. Selects the most appropriate PGD drug, dose and formulation for the individual patient		

THE CONSULTATION

1:3 COMMUNICATING WITH PATIENTS *Establishes a relationship based on trust and mutual respect. Sees patients as partners in the consultation. Applies the principles of concordance*

COMPETENCIES	EVIDENCE	SIGNATURES AND DATES
a. Approaches the consultation in a structured way		
b. Listens to and understands patients' beliefs and expectations		
c. Identifies opportunities to discuss health promotion with patients		
d. Adapts the consultation to meet the needs of different patients (e.g. for age, level of understanding)		
e. Deals sensitively with patients' emotions and concerns		
f. Creates a relationship which does not encourage the expectation that a medicine will be supplied and/ or administered		
g. Explains the nature of the patient's condition and the rationale behind, and potential risks and benefits of, treatment options		
h. Helps patients to make informed choices about their options		
i. Negotiates an outcome of the consultation that both patient and PGD user are satisfied with		
j. Encourages patients to take responsibility for their own health and self manage their conditions; involves carers and advocates where appropriate		
k. Gives clear instructions to the patient about their medication (e.g. what it is for, how to take it, possible side effects and expected outcomes)		
l. Checks the patients' understanding of, and commitment to, their treatment		
m. Understands the cultural, linguistic and religious implications of supplying and administering medicines		

EFFECTIVE SUPPLY AND ADMINISTRATION WITHIN A PGD

2:1 SAFE PGD USE *Is aware of own limitations. Does not compromise patient safety.*

COMPETENCIES	EVIDENCE	SIGNATURES AND DATES
a. Accesses and interprets all relevant patient records to ensure full knowledge of the patients' management		
b. Knows the limits of own knowledge and skill, and works within them		
c. Knows when and how to refer back to, or seek guidance from another member of the team or a specialist		
d. Checks doses and calculations to ensure accuracy and safety		
e. Understands the need for and makes accurate, clear and timely records and clinical notes		
f. Uses PGDs often enough to maintain confidence and competence		
g. Supplies and administers a medicine only with adequate, up to date knowledge of its actions, indications, contraindications, cautions, dose and side effects.		
h. Knows about common types of medication errors and how to prevent them		

EFFECTIVE SUPPLY AND ADMINISTRATION WITHIN A PGD

2:2 PROFESSIONAL STANDARDS- Works within professional and organisational standards

COMPETENCIES	EVIDENCE	SIGNATURES AND DATES
a. Understands current medication legislation, the legal framework for working with PGDs and how they apply in practice		
b. Understands and works with the scope of the PGD		
c. Makes ethical and or/ clinical decisions based on the needs of the patients, not personal considerations		
d. Understands how consent relates to PGD		
e. Applies current professional codes of practice to the use of PGDs		
f. Accepts personal responsibility for working with PGDs and understands the legal implications of doing so		
g. Keeps up to date with advances in practice and any emerging safety concerns related to medicines in the PGD		
h. Knows how and when PGDs need to be changed and the mechanism for effecting changes		

EFFECTIVE SUPPLY AND ADMINISTRATION WITHIN A PGD

2:3 PRACTICE DEVELOPMENT Actively participates in the review and development of practice to improve patient care

COMPETENCIES	EVIDENCE	SIGNATURES AND DATES
a. Reviews and reports incidents and near misses within a clinical governance context		
b. Establishes professional links with practitioners working in the same specialist area		
c. Takes responsibility for own CPD		
d. Reflects on own performance, learns (e.g. from critical incident monitoring) and changes practice		
e. Willing to share and debate own and others prescribing practice		
f. Challenges inappropriate practice constructively		
g. Develops own networks for support, reflection and learning		
h. Understands and uses tools to review and improve PGD use (e.g. audit)		

PGDs IN CONTEXT

3:1 INFORMATION IN CONTEXT *Knows how to access relevant information. Can critically appraise and apply information in practice*

COMPETENCIES	EVIDENCE	SIGNATURES AND DATES
a. Understands the advantages and limitations of different information sources		
b. Accesses and uses relevant, up-to-date information both written (paper /electronic) and verbal		
c. Critically appraises the validity of information (e.g. promotional literature, clinical trials)		
d. Applies information to the clinical context (linking theory to practice)		
e. Uses relevant patient record systems, information systems, and decision-support tools, (e.g. PRODIGY)		

PGDs IN CONTEXT

3:2 THE NHS IN CONTEXT Understands, and works with, local and national policies and services that impact on PGD use

COMPETENCIES	EVIDENCE	SIGNATURES AND DATES
a. Legally and safely orders, receives, stores and labels medicines being supplied or administered within a PGD		
b. Understands and levies appropriate prescription charges (where applicable)		
c. Works within local frameworks for medicines use, as appropriate (e.g. formularies/ protocols and guidelines supporting PGDs)		
d. Works within the NHS organisational code of conduct when dealing with the pharmaceutical industry		
e. Understands drug budgetary constraints at local and national levels; can discuss them with colleagues and patients		
f. Understands national NHS frameworks for medicines use, (e.g. National Institute for Clinical Excellence [NICE], National Service Frameworks [NSFs], medicines management, clinical governance, IT strategy)		

PGDs IN CONTEXT

3:3 THE TEAM AND INDIVIDUAL CONTEXT *Works in partnership with colleagues for the benefit of patients. Is self-aware and confident in own ability to use PGDs.*

COMPETENCIES	EVIDENCE	SIGNATURE AND DATES
a. Thinks and acts as part of a multidisciplinary team and uses the team to its full extent		
b. Establishes working relationships with colleagues to ensure that continuity of care is not compromised		
c. Ensures that continuity of care is not compromised by keeping all relevant colleagues informed		
d. Establishes relationships with colleagues based on understanding of , and respect for each others roles		
e. Is adaptable, flexible and responsive to change		
f. Negotiates the appropriate level of support to enable the use of PGDs		
g. Provides support and advice to other team members, where appropriate		
h. Recognises and deals with pressures that might result in inappropriate PGD use (e.g. pharmaceutical industry, patients and colleagues)		

13: References / Relevant Documents / Relevant Websites

- British Medical Association/ Royal Pharmaceutical Society of Great Britain (September 2006): *British National Formulary*. www.bnf.org
- Cumbria and Lancashire Strategic Health Authority (December 2004): *Strategy to Enable Non- Medical Prescribing*
- Cumbria Partnership NHS Trust *Non Medical Prescribing Strategy* (pending)
- Department of Health (August 2000): HSC2000/026 *Patient Group Directions (England only)*
- *Improving Patients Access to Medicines; A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England* www.dh.gov.uk
- Local Trusts' *Non Medical Prescribing Policy* (pending)
- Local Trusts' *Clinical Supervision Policy*
- Nursing and Midwifery Council (Nov 2004): *The NMC Code of Professional Conduct; standards for conduct, performance and ethics*
- North Cumbria PCTs (September 2006): *Non Medical Prescribing Strategy*
- National Prescribing Centre (March 2004): *Patient Group Directions; A practical guide and framework of competencies for all professionals using patient group directions*. www.npc.co.uk
- The Royal Pharmaceutical Society of Great Britain (Jan 2004): *Fitness to Practice and Legal Affairs Directorate. Patient Group Directions. A Resource Pack for Pharmacists*.
- The Royal Pharmaceutical Society of Great Britain (July 2006): *Medicines, Ethics and Practice- A Guide for Pharmacists and Pharmacy Technicians*.
- Trust Individual 'PGD' documents

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