You need to consider whether a Patient Group Direction (PGD) would be appropriate for an area of practice that involves the supply or administration of medicines. Medicines Matters published by Department of Health is a useful reference source which describes the mechanisms available for the prescribing, supply and administration of medicines. This diagram takes the practitioner through a logical process that aims to assist decision-making. SCOTTISH VERSION ONLY.

NOTE: The majority of clinical care should still be provided on an individual, patient-specific basis.

**START**

Are the products involved all licensed medicines?  

YES → Are the practitioners involved accredited as non-medical prescribers with the NMC or GPhC or other professional bodies, and are the medicines involved included in the relevant prescriber's formulary?  

YES → Independent prescribing may be more appropriate  

NO → A PGD is not needed for dressings and other medical devices – the PGD legislation applies only to licensed medicines. Consider protocol or treatment guidelines

NO → Are the practitioners: Registered Midwives, Optometrists, Paramedics, Chiropodists or podiatrists, Nurses working within an occupational health scheme?  

YES → A PGD may not be required if the professional activity fits within the exemptions in the Medicines Act (1968) and associated statutory instruments.  

NO → Are the medicines involved P (Pharmacy) or GSL (General Sales List) medicines?  

YES → Does the practitioner want to administer only, and does not need to supply the medicines for patient to take at home?  

YES → A PGD may need to be considered  

NO → A Protocol can be implemented to administer medicines that are P or GSL. This may also apply for medical gases, none of which are POM. POM may require PGD for administration

NO → P medicines can only be sold or supplied through registered pharmacies, so PGD may be required

YES → No – supply is required

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Note: some organisations use PGDs in these circumstances although not a legal requirement
Are the practitioners who will supply or administer medicines able to do so under a PGD. Check the MHRA website – links to PGDs in the private sector and PGDs in the NHS

- **NO**: An alternative will need to be sought for practitioners who cannot work under PGDs

- **YES**: Is the treatment to be provided by Scottish Health Boards, Dental Independent hospital, agency or Partnership, Clinic registered with the Care Commission in Scotland, Defence medical services (UK), Community Health (and Care) GP or practice, NHS commissioned service, Prison healthcare service, Police services

  - **NO**: PGDs cannot be used in other organisations e.g. Care homes, independent schools providing healthcare outside the NHS

  - **YES**: Does activity involve any Controlled Drugs

    - **YES**: Does activity involve the administration of diamorphine by a nurse in a CCU or A&E for cardiac pain, OR, Involve the supply of a Schedule 5CD? Or, Midazolam (Schedule 3)

      - **YES**: PGD may be used
      - **NO**: Does activity involve the supply of a Schedule 4 Part 1 CD?

        - **YES**: PGDs cannot be used
        - **NO**: Is this drug in parenteral form for the treatment of addiction

          - **YES**: PGDs cannot be used
          - **NO**: Is adjustment of prescribed dose(s) required, as opposed to supply or administration of a medicine that has not previously been prescribed for the patient?

            - **YES**: This may be addressed most appropriately through supplementary or independent prescribing. It does not fit the present definition for a PGD unless very clear criteria for dose adjustment can be defined with PGD
            - **NO**: HDL (2001) 7) states that ‘supply or administration of medicines under PGD should be reserved for those limited situations where this offers an advantage of patient care (without compromising patient safety) and where it is consistent with appropriate professional relations and accountability’. Does the proposed activity need these principles? See Medicines Matters for further information

            - **YES**: A PGD may be the most appropriate route to provide this clinical activity. Follow national guidance (Scotland only NHS HDL (2001) 7] and local CH(C)P or organisational policy.
            - **NO**: An alternative method will need to be considered e.g. using individual prescriptions, PSD or local protocols see NPC PGD Guidance March 2004.

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