



1. Why are PGDs for clinical scientist needed?

With the use of PGDs, extending access to medicines supply mechanisms has the potential to improve patient safety by reducing delays in care, improving compliance with medicines and supporting clear lines of professional responsibility. The creation of innovative new care pathways will be supported, resulting in improved outcomes for patients by reducing delays in care, improving compliance in using medicines and improving patient experience through increased access, convenience, choice and productivity within multi-disciplinary teams, especially in a time where there is an increasing demand for services.

2. Will all clinical scientists be able to use PGDs?

Only clinical scientists who are currently registered by the HCPC to practise and who have an identified clinical need for PGDs within their practice will be eligible to train to use PGDs. However local organisations will decide whether a PGD is appropriate for use within a clinical service, in line with national guidelines and local governance.

3 What training will clinical scientists receive to be able to use PGDs?

As part of good practice and organisational governance, clinical scientists using PGDs will need to demonstrate their knowledge and competence. NICE¹ strongly recommends that all health professionals who are required to use PGDs undertake training prior to the use. Training programmes and assessments will be provided locally, supported by a national e-learning programme endorsed by the Specialist Pharmacy Service.

4 Is it safe to allow clinical scientists to supply and administer medicines using PGDs?

Patient safety remains of paramount importance. All PGDs that are written for clinical scientists to use will have patient safety as their primary concern. If changes to legislation occur, clinical scientists will be expected to meet the requirements of the competency frameworks² before using PGDs. Clinical scientists using PGDs will be professionally responsible for their own actions; they are required to work within their employers' clinical governance frameworks and are accountable for their actions to both their employers and regulatory bodies. Once trained, individuals will be required to keep their skills up to date.

5 Will clinical scientists using PGDs be able to supply and administer medicines for children?

Clinical scientists using PGDs will be able to supply and administer medicines for children within their paediatric scope of practice and competence. Clinical scientists have experience in supply and administration of medicines for children via PSDs. In addition, local and national policies and procedures would be followed which address medicine management issues in paediatrics

¹ NICE (2017) [patient group directions: medicines practice guideline](#)

² NICE (2013-2017) [Patient group directions tools and resources](#)

6 How do we ensure the use of PGDs by clinical scientists will not increase antimicrobial resistance?

Healthcare workers have a vital role to play in preserving the usefulness of antimicrobials by controlling and preventing the spread of microbes. All clinical scientists supplying medicines via PGDs will be required to work within their scope of practice and the 2013 Public Health England (PHE)/Advisory Committee on Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) *Antimicrobial Prescribing and Stewardship Competencies*¹⁶ and are professionally responsible for ensuring that they adhere to standards of supply and administration of all medicines, as set by the MHRA and NICE. They will also be required to follow local policies for antimicrobial use.

7 How do we ensure the use of PGDs by clinical scientists will not contribute to oversupply of medication?

Clinical scientists are professionally responsible for ensuring that they adhere to national and local standards of supply and administration of all medicines. Medicines supply is not an activity that occurs in isolation, so clinical scientists supplying medicines via PGDs will communicate with other practitioners involved in the care of patients in order to ensure that medicines supply is not duplicated and is appropriate for the condition to be treated.

8 Will there be an increase in the use of medicines with increased associated costs to the system?

The majority of the medicines that clinical scientists will supply and administer using PGDs will be those that are currently prescribed. As additional appointments will be prevented, it is expected that costs to the system would fall or remain the same.

9 How will clinical scientists using PGDs maintain their competency in the use of medicines?

Practising clinical scientists are required to undertake CPD relevant to their practice to maintain and demonstrate continuing competence. To maintain registration with the HCPC, clinical scientists must sign a professional declaration once every two years to confirm that they continue to meet the HCPC's standards of proficiency for safe and effective practice, and that they meet the HCPC's standards for CPD.

Examples of CPD for clinical scientists include:

- Peer review
- Peer supervising and teaching
- Attending regular meetings
- Attending relevant study days
- Recording self-reflection
- Presenting at conferences
- Membership of relevant special interest groups

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Clinical scientists working within the NHS also require annual appraisals, of which medicines management will be a part.

10 Will clinical scientists working outside the NHS be able to train to use PGDs?

Yes, provided that the PGD is authorised in the setting and that they are written, authorised and implemented in line with the governance requirements of the NICE Medicines Practice Guidance.

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