

Putting NICE guidance into practice

Competency framework for people authorising patient group directions

Implementing the NICE guideline on patient group directions (MPG2)

Published: 2 August 2013

Last updated: 4 January 2018

|  |
| --- |
| This competency framework for people authorising patient group directions (PGDs) accompanies the [NICE guideline on patient group directions](https://www.nice.org.uk/guidance/mpg2). Issue date: August 2013 [updated January 2018].  Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in the guidance should be interpreted in a way that would be inconsistent with compliance with those duties. NICE takes no responsibility for the competencies of individual people or for the safe and effective use of PGDs in local organisations. This competency framework for people authorising PGDs is a tool to support the implementation of NICE guidance. It is not NICE guidance. |

**National Institute for Health and Care Excellence**

Level 1A, City Tower, Piccadilly Plaza, Manchester M1 4BT | [www.nice.org.uk](http://www.nice.org.uk)

© National Institute for Health and Care Excellence, 2013. All rights reserved. This material may be freely reproduced for educational and not-for-profit purposes. No reproduction by or for commercial organisations, or for commercial purposes, is allowed without the express written permission of NICE.

# Introduction

Patient group directions (PGDs) provide a legal framework that allows some registered health professionals to supply and/or administer a specified medicine(s) to a pre‑defined group of patients, without them having to see a prescriber.

Supplying and/or administering medicines under PGDs should be reserved for situations in which this offers an advantage for patient care, without compromising patient safety. For example, a PGD may be appropriate for supplying a medicine to a patient seeking treatment for a minor ailment in a community pharmacy or walk-in centre.

The current legislation for PGDs is included in [The Human Medicines Regulations 2012](http://www.legislation.gov.uk/uksi/2012/1916/contents/made). This legislation was amended in April 2013 to reflect changes to NHS organisational structures in England (see [The National Treatment Agency [Abolition] and the Health and Social Care Act 2012 [Consequential, Transitional and Saving Provisions] Order 2013](http://www.legislation.gov.uk/uksi/2013/235/schedule/2/paragraph/176/made)).

## What is a competency framework?

A competency is a quality or characteristic of a person that is related to effective performance. Competencies can be described as a combination of knowledge, skills, motives and personal traits. The aim of developing competencies is to support individual people and organisations (see [terms used in the guideline](https://www.nice.org.uk/guidance/mpg2/chapter/Recommendations#terms-used-in-the-guideline)) to continually improve their performance and to work more effectively (Whiddett and Hollyford 1999, the competencies handbook).

A competency framework is a collection of competencies considered to be central to effective performance. If acquired and maintained, the competencies in this framework should help individual people and organisations ensure that PGDs are used effectively, without compromising patient safety.

## Why has this competency framework been developed?

The [Health Service Circular (HSC 2000/026)](http://webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4012260.pdf) states that ‘a senior person in each profession should be designated with the responsibility to ensure that only fully competent, qualified and trained professionals operate within directions’.

During the development of the NICE guideline, the implementation needs assessment identified that appropriate training, regular re-training and assessment of competency is important for all people involved with PGDs, to reduce variation and deliver safe and effective services in which PGDs are used (see [section 1.7 of the guideline](https://www.nice.org.uk/guidance/mpg2/chapter/Recommendations#training-and-competency)).

The NICE guideline recommends to:

‘Identify gaps in competency and establish a comprehensive and appropriate training programme for all people involved in considering the need for, developing, authorising, using and updating PGDs.’

This competency framework has been developed to support individual people and organisations that are commissioning or providing public-funded services (see [terms used in the guideline](https://www.nice.org.uk/guidance/mpg2/chapter/Recommendations#terms-used-in-the-guideline)). It may also be relevant to individual health professionals and organisations delivering non-NHS healthcare services.

This framework updates and replaces the competency framework included in the National Prescribing Centre’s patient group directions – a practical guide and framework of competencies for all professionals using patient group directions (2009).

This competency framework should only be used in conjunction with the NICE guideline on patient group directions.

## Who is this competency framework for?

This competency framework has been developed as a tool to support individual people who are authorising PGDs (see [section 1.4 of the guideline](https://www.nice.org.uk/guidance/mpg2/chapter/Recommendations#authorising-patient-group-directions)). For the purpose of this competency framework, these are:

* doctors (or dentists) signing PGDs (see recommendation 1.4.3)
* pharmacists signing PGDs (see recommendation 1.4.3)
* other professionals signing PGDs as a representative of the professional group using the PGD, such as registered nurses (see recommendation 1.4.5)
* people signing PGDs on behalf of the authorising body (see [terms used in the guideline](https://www.nice.org.uk/guidance/mpg2/chapter/Recommendations#terms-used-in-the-guideline)), such as clinical governance or patient safety leads (see recommendation 1.4.6).

This competency framework will also be a useful tool for organisations with responsibility for authorising PGDs. Some commissioners and providers may already have an established programme for training and assessing competency. However, they may want to review whether their current governance arrangements for training and competency are consistent with this PGD competency framework (see [section 1.8 of the guideline](https://www.nice.org.uk/guidance/mpg2/chapter/Recommendations#organisational-governance)).

Separate competency frameworks (available in the [tools and resources for the guideline](https://www.nice.org.uk/guidance/mpg2/resources)) have also been developed for:

* people developing PGDs (see [section 1.3 of the guideline](https://www.nice.org.uk/guidance/mpg2/chapter/Recommendations#developing-patient-group-directions)) and/or reviewing and updating PGDs (see [section 1.6 of the guideline](https://www.nice.org.uk/guidance/mpg2/chapter/Recommendations#reviewing-and-updating-patient-group-directions))
* health professionals using PGDs (see [section 1.5 of the guideline](https://www.nice.org.uk/guidance/mpg2/chapter/Recommendations#using-patient-group-directions)).

The NICE guideline states that the [National Prescribing Centre’s local decision-making competency framework (2012)](https://www.webarchive.org.uk/wayback/archive/20140627111127/http:/www.npc.nhs.uk/local_decision_making/resources/LDM_comp_framework.pdf) could be used to assess the membership of the PGD approval group (see [terms used in the guideline](https://www.nice.org.uk/guidance/mpg2/chapter/Recommendations#terms-used-in-the-guideline)) and identify any gaps in competency (see [section 1.2 of the guideline](https://www.nice.org.uk/guidance/mpg2/chapter/Recommendations#obtaining-agreement-to-develop-a-patient-group-direction)).

# Using this competency framework

This competency framework is made up of 2 domains. Each domain contains 3 competency areas. Therefore, this competency framework consists of 6 competency areas in total.

Competency areas

| Domains | Competency areas |
| --- | --- |
| Safe and effective | * Safe * Governance * Always improving |
| PGDs in context | * Information * The healthcare system * Collaboration |

Each competency area has:

* a statement that gives a general overview of what the competency area covers
* a list of individual competencies, referenced to relevant good practice recommendations, where applicable.

This competency framework should be adapted for personal or local use. The individual competencies in this framework should be interpreted in the context in which people are authorising PGDs, taking into account their scope of practice. Not all individual competencies will be equally relevant, and some are more complex than others. In addition, some competencies may not be applicable for all people authorising PGDs, particularly for people authorising PGDs on behalf of an authorising body, if they are not a clinician.

This competency framework is intended to be a developmental tool to support individual people and organisations. It is not intended to be used as a grading or assessment tool. It may help to:

* identify training and competency needs
* develop educational materials
* establish a comprehensive and appropriate training programme
* facilitate continuing professional development
* inform the development of organisational systems and processes.

Individual people and organisations will need to consider:

* how they will use the competency framework
* how each competency applies to their scope of practice and individual responsibilities
* what evidence can be collected and documented to demonstrate competency, for example case studies, local procedures and details of training courses attended.

## Responsibilities

It is the responsibility of commissioners and providers to use this competency framework in their own setting. NICE takes no responsibility for the competencies of individual people or for the safe and effective use of PGDs in local organisations. This competency framework does not represent a requirement from professional or regulatory bodies.

# Domain: Safe and effective

## Competency area: Safe

Is aware of own limitations and does not compromise patient safety.

Competencies and evidence (safe)

| Competencies | Evidence/comments |
| --- | --- |
| Understands the principles of safe and effective use of medicines for patients (recommendations 1.1.1 to 1.1.3) |  |
| Recognises when PGDs offer an advantage for patient care for the service being considered, without compromising patient safety (recommendations 1.1.1 to 1.1.3) |  |
| Recognises situations when PGDs are not appropriate, such as for managing long-term conditions (recommendations 1.1.3, 1.1.6, 1.1.12 and 1.1.14) |  |
| Is aware of how medicines are licensed, sourced, supplied and monitored, and the implications for their own practice (recommendations 1.1.6 and 1.1.7) |  |
| Knows about the common types of medication errors and how to prevent them (recommendation 1.8.4) |  |
| Understands the need to report, collate and review patient safety incidents, such as medication errors, near misses and suspected adverse events (recommendations 1.8.4 and 1.8.6) |  |
| Knows how to keep up to date with safety concerns related to the medicine(s) included in the PGD (recommendation 1.6.9) |  |
| Understands the potential for misuse of medicines (recommendations 1.1.1 and 1.1.9) |  |
| Understands antimicrobial resistance, healthcare‑associated infections and the roles of infection prevention and control, and antimicrobial stewardship (recommendation 1.1.10) |  |
| Understands the importance of robust medicines management systems supporting the use of PGDs, such as the need for appropriately labelled packs (see [terms used in the guideline](https://www.nice.org.uk/guidance/mpg2/chapter/Recommendations#terms-used-in-the-guideline)), medicines procurement and safe storage (recommendations 1.2.5, 1.5.3 to 1.5.6) |  |

## Competency area: Governance

Ensures practice is within the legal framework and follows local processes and governance arrangements.

Competencies and evidence (governance)

| Competencies | Evidence/comments |
| --- | --- |
| Understands and works within current medicines legislation relevant to PGDs (see the [context section of the guideline](https://www.nice.org.uk/guidance/MPG2/chapter/Context)), and understands how this applies in practice (recommendations 1.1.3, 1.1.5 to 1.1.9, 1.1.13, 1.3.4, 1.4.1 to 1.4.3, 1.4.6, 1.4.7, 1.5.3 to 1.5.6, 1.6.6 and 1.8.6) |  |
| Understands and works within relevant code(s) of professional conduct and organisational governance arrangements (recommendations 1.1.1, 1.4.7 and 1.8.1) |  |
| Understands local decision‑making processes relating to medicines and clinical governance (recommendation 1.4.2) |  |
| Understands the local PGD policy and/or medicines policy and is able to determine that it has been followed (recommendations 1.1.4 and 1.8.2) |  |
| Understands and accepts professional and organisational responsibility for authorising PGDs and understands the legal implications of doing so (recommendations 1.4.3, 1.4.5 and 1.4.6) |  |
| Is aware of own role and responsibilities and lines of accountability (recommendations 1.1.1, 1.4.1 to 1.4.11, 1.6.6 and 1.8.1) |  |
| Is able to assess the resources needed for service delivery, such as finance, training, medicines procurement and diagnostic equipment (recommendation 1.1.4) |  |
| Understands the financial and resource impact of decisions that may involve redesigning current services (recommendation 1.1.4) |  |
| Makes ethical and/or clinical decisions based on the needs of patients, not personal considerations |  |
| Is able to make sound judgments about the content and accuracy of the PGD that reflects the best available evidence (recommendation 1.4.4) |  |
| Knows how to record relevant information to maintain an effective audit trail of documents and actions, including version control (recommendations 1.1.10, 1.6.7 and 1.8.6) |  |
| Knows how and when PGDs need to be reviewed, updated and reauthorised (recommendations 1.6.1 to 1.6.9) |  |
| Understands the importance of effective communication and dissemination relating to PGDs (recommendations 1.4.8, 1.4.10 and 1.6.8) |  |

## Competency area: Always improving

Actively participates in reviewing and developing current practice to optimise patient outcomes. Is self-aware and confident in own ability.

Competencies and evidence (always improving)

| Competencies | Evidence/comments |
| --- | --- |
| Takes responsibility for own learning and continuing professional development (recommendations 1.4.3, 1.4.5 and 1.4.6) |  |
| Knows the limits of their own knowledge, skills and experience and works within them |  |
| Shares and debates own and others’ practice, and acts upon feedback and discussion |  |
| Recognises and deals with pressures that may result in inappropriate use of PGDs |  |
| Develops and makes use of networks for support, reflection and learning |  |
| Understands the need to monitor and evaluate PGDs and their use in practice (recommendations 1.6.4, 1.8.5 and 1.8.8) |  |
| Demonstrates the ability to plan, prioritise and manage own workload to ensure deadlines are met (recommendations 1.6.1 and 1.8.5) |  |

# Domain: PGDs in context

## Competency area: Information

Accesses relevant information and applies this in own practice.

Competencies and evidence (information)

| Competencies | Evidence/comments |
| --- | --- |
| Is able to use standard software packages and the internet to search for relevant information (recommendations 1.3.5 and 1.3.6) |  |
| Understands and applies the principles of evidence-based medicine (recommendations 1.3.6, 1.4.4, 1.6.3 and 1.6.9) |  |
| Is able to access and interpret relevant medicines information, such as the [summary of product characteristics](http://www.medicines.org.uk/emc/) and [NICE guidance](https://www.nice.org.uk/guidance), to maintain an in-depth knowledge about relevant medicines (recommendations 1.3.5, 1.3.6 and 1.4.4) |  |
| Knows how to assess the strengths and weaknesses of the available evidence, including methods, relevance, validity and bias (recommendations 1.3.6 and 1.4.4) |  |
| Knows how to identify and respond to important new evidence that may change the content of PGDs (recommendations 1.3.5, 1.3.6 and 1.4.4) |  |
| Applies information to the clinical context, linking theory to practice (recommendations 1.3.6 and 1.4.4) |  |
| Recognises when a PGD is lacking essential information (recommendations 1.3.4, 1.4.4 and 1.4.7) |  |

## Competency area: The healthcare system

Ensures practice is within national policies, systems and processes that impact current practice. Sees how own practice impacts the wider healthcare community.

Competencies and evidence (the healthcare system)

| Competencies | Evidence/comments |
| --- | --- |
| Understands the benefits and risks of alternative options for supplying and/or administering medicines, including independent prescribing, supplementary prescribing and patient-specific directions (recommendations 1.1.1 to 1.1.3, and 1.6.4) |  |
| Understands the current service where the PGD is used and/or future service provisions for supplying and/or administering the medicine(s), including where the medicine(s) fits within the care pathway (recommendations 1.1.4, 1.2.4 and 1.6.4) |  |
| Understands the national frameworks for medicines use, such as [NICE](http://www.nice.org.uk/), the [Scottish Medicines Consortium](http://www.scottishmedicines.org.uk/Home), [All Wales Medicines Strategy Group](https://awttc.nhs.wales/about-us1/our-committees/#AWMSG), and local medicines optimisation strategies (recommendations 1.3.5, 1.3.6 and 1.4.4) |  |
| Understands and works within local frameworks for medicines use that support the PGD, as appropriate, such as local formularies (see [NICE’s guideline on developing and updating local formularies](https://www.nice.org.uk/guidance/mpg1)), care pathways, decision support tools, protocols and guidelines (recommendations 1.3.5, 1.3.6 and 1.4.4) |  |
| Understands and works within the NHS/organisational or other ethical code of conduct when dealing with the pharmaceutical industry |  |
| Understands budgetary constraints and prioritisation processes at a local and national level (recommendations 1.2.4 and 1.2.5) |  |

## Collaboration competency area

Works in partnership with colleagues and collaborates with internal and external stakeholders for the benefit of patients.

Competencies and evidence (collaboration)

| Competencies | Evidence/comments |
| --- | --- |
| Understands and works within local contractual requirements relating to PGDs (recommendations 1.8.1 to 1.8.3) |  |
| Thinks and acts as part of a multidisciplinary team to ensure that continuity of care is developed and not compromised (recommendations 1.3.2, 1.3.3 and 1.4.11) |  |
| Knows how to identify all relevant internal and external stakeholders (recommendations 1.3.2, 1.3.3 and 1.4.11) |  |
| Establishes relationships with colleagues and all relevant stakeholders based on understanding, trust and respect for each other’s roles (recommendations 1.3.2, 1.3.3 and 1.4.11) |  |
| Knows when to refer to, or seek advice from, another member of the team or a specialist, such as a local specialist in microbiology (recommendation 1.3.2) |  |
| Provides support and advice to colleagues and all relevant stakeholders, when appropriate |  |
| Adopts an open and transparent approach to facilitate all relevant stakeholders’ views being included (recommendation 1.3.3) |  |
| Understands the potential impact of decisions on colleagues and all relevant stakeholders and displays sensitivity when communicating decisions |  |