

INFORMATION FOR HYGIENISTS AND THERAPISTS INTENDING TO WORK UNDER OUR PRIVATE PATIENT GROUP DIRECTIONS

The information in this pack is intended to help dental hygienists, dental therapists and their practice principals/managers understand how PGDs are developed and how they are used to help improve the services we provide our patients.

This document also highlights the important legal framework that allows you to work under a PGD.

Use of PGDs does not remove your inherent professional obligations or accountability. In other words, you must work within your own competence and knowledge base, whilst adhering to the General Dental Council Scope of Practice.

To use our PGDs you must ensure that you understand Patient Group Directions. Your practice Principal/Manager is responsible for authorising only Dental Care Professionals they consider fully competent, qualified and trained to use our PGDs.

Please read through this information carefully and decide whether Patient Group Directions will be of benefit to you and your patients. You also need to consider any Continued Professional Development that you will need in order to the use of our Patient Group Directions.

The information we provide should be used in conjunction with other sources of information including the British National Formulary, relevant text books and journals, Summaries of Product Characteristics, Pharmacists, colleagues, and/or mentors.

Learning Outcomes

After reading our information pages, you should be able to:

- State when our PGDs can be used.
- State the legal requirements for PGDs.
- State who must be involved in developing a PGD.
- State the difference between a PGD and a PSD.
- Describe your responsibilities when using PGDs.

What is a Patient Group Direction?

A Patient Group Direction (PGD) is a written instruction for the supply or administration of specific medicines that are relevant to a Healthcare Professionals field of work. In your case these are the procedures that fall within your remit and are in the GDCs scope of practice. Our PGDs are designed to be used for routine treatments commonly encountered within the General Dental Practice setting.

Our PGDs have been developed and signed by a dental care professional, a dentist and a pharmacist. Our PGDs are “adopted” and approved for use within your practice by your Principal/ Manager.

PGDs are legal documents and may only be used for the specific licensed medicines named within them, and only by individual healthcare professionals named explicitly within them.

Currently private PGDs are valid in:

- **Dental practices in England** registered with the Care Quality Commission when private treatment is being carried out.
- **Dental practices in Northern Ireland** registered with the Regulation and Quality Improvement Authority when private treatment is being carried out
- **Dental practices in Wales** registered with the Health Inspectorate Wales when private treatment is being carried out.
- **Fully private dental practices in Scotland** registered with Health Improvement Scotland may work under Patient Group Direction. Mixed practices with an NHS contract who are inspected by the Local Health Board are unable to work under Patient Group Directions.

What is a Patient Specific Direction?

A Patient Specific Direction (PSD) is a conventional written instruction, from a dentist, detailing the specific medicine to be supplied or administered to a named patient.

PSDs are currently the norm within the dental setting, where your dentist “prescribes” the local anaesthetic or fluoride to be used on a given patient.

What needs to be included in a Patient Specific Direction?

A Patient Specific Direction MUST contain the following for each procedure undertaken:

- Type of procedure e.g non surgical root surface debridement or restorations.
- The type of Local Anaesthetic e.g. Lidocaine 1:80,000 epinephrine
- The dose of Local Anaesthetic to be administered e.g. 2.2ml
- Route and site of Administration e.g. Infiltration UR6 or LLQ Inferior Dental Block

Do Patient Group Directions remove the need for prescriptions?

When providing routine dental treatment, local anaesthetics and fluoride can be supplied and administered to most patients without the need for a PSD if you have one of our PGDs.

Situations where a Patient Specific Direction may still be required include:

- Complex Medical History
- Allergies to previous Local Anaesthetics or fluorides
- Fluorosis
- Patients living in an area with fluoride occurring naturally or artificially fluoridated tap water.
- Previous known history to difficulties in achieving anaesthesia.

PGDs should only be used where there is an advantage to the patient and that there is no risk to patient safety. Again, we must reiterate that the health professional named within a PGD must work within their own expertise and competence.

Use of PGDs does not remove your inherent professional obligations or accountability.

Are PGDs appropriate for me?

PGDs are appropriate if the medicines are to be supplied and administered, and where the use of such medicine can be defined and within the PGD documents. An example of this:

Lidocaine 2% w/ 1:80,000 adrenaline injection - used for the production of local anaesthesia for dental procedures by infiltration or dental block.

When can Patient Group Directions be used?

Patient Group Directions can be used for routine dental procedures and they have been developed accordingly. By law, PGDs allow named registered healthcare professionals to supply and administer medicines to patients who meet specified criteria. In these cases, a Patient Specific Direction (PSD) or “prescription” for local anaesthetic or fluoride is not required. A PGD details the indications and contraindications for using specific drugs on a patient without needing a Patient Specific Direction.

Examples of using a PGD include:

- Applying Fluoride varnish to a patient with surface demineralisation.
- Supplying and administering local anaesthetic before starting root surface debridement.
- Recommending and selling a prescription strength fluoride toothpaste to a patient undergoing orthodontic treatment.

Can I definitely use a Patient Group Direction?

PGD use is governed by different legislation in each member state of the United Kingdom. The professional circumstances may differ between Dental Care Professionals. We recommend that any DCP considering working under a PGD speaks directly with their indemnifying organisation. They will be able to confirm that your personal circumstances will allow you to legally work under a private PGD.

Which medicines can I use with a PGD?

All of the Local Anaesthetics and Fluorides available for dental use in our PGDs are Prescription only medicines (POM) . By law, these may only be supplied or administered where there is either a Patient Specific Direction or a PGD.

Medicines we have developed Patient Group Directives for:

Current Local Anaesthetic in our PGDs	Current Fluoride supplements in our PGDs
Lidocaine Hydrochloride 2% and 1:80,000 adrenaline injection	Duraphat 50mg/ml Dental Suspension
Mepivacaine Hydrochloride 3% injection	Duraphat 2800ppm Fluoride Toothpaste
Articaine 4% with 1:100,000 adrenaline injection	Duraphat 5000ppm Fluoride Toothpaste
Articaine 4% with 1:200,000 adrenaline injection	
Citanest; Prilocaine 3% with Octapressin (Felypressin)	
Xylonor Lidocaine 5% Topical Gel	
Xylonor Lidocaine 10mg with 0.1% Cetrimide metered spray	
Ultracare Benzocaine 17.9% Topical Gel	
Oraqix Topical Periodontal Gel Lidocaine/Prilocaine 25mg/25mg/g	

Which medicines can't I use with a PGD?

Whilst the law surrounding PGDs does not limit which medicines can be supplied by a healthcare professional, DentalDirectives has taken a firm decision to limit which medicines we will develop PGDs for.

Medicines we do not support include (not exclusively limited to):

- **Antibiotics.** - Due to the risk of antimicrobial resistance, we feel that it is in the patients best interests to **seek advice from a General Dental Practitioner.**
- **Botox.** - According to the General Dental Council, Botox is not the Practice of Dentistry, and as such not within the GDC scope of Practice. **Therefore, DentalDirectives PGDs do not cover Botox.**
- **Carbamide/Hydrogen Peroxide.** - According to the General Dental Council, Tooth whitening must be prescribed by a General Dental Practitioner, and is not allowed under Direct Access. **Therefore, DentalDirectives PGDs do not cover Carbamide or Hydrogen Peroxide.**
- **Midazolam** - Buccal Midazolam is a Schedule 3 controlled substance. It is the only drug in an emergency drugs kit that dental hygienists and dental therapists are not legally allowed to administer in a medical emergency. In the vast majority of cases where a patient presents with Epilepsy in their Medical History, the patient will be well versed in the management of their condition. This should be investigated during your medical history taking. For patients with no history of Epilepsy, it is advisable that you seek the help and expertise of the emergency services.. **Therefore we do not feel it appropriate to issue PGDs for buccal Midazolam.**

What crucial information must be included within a PGD?

A private PGD document must contain the following:

- The practice name where the PGD will be used.
- The date the PGD commences and expires.(PGDs should be reviewed at least every 2 years)
- Details of the clinical condition being treated e.g. indication, inclusion and exclusion criteria, cautions.
- Details of the medicine e.g. name, form and strength of the medicine, the route, maximum dose, duration of onset/anaesthesia, side effects, advice to patient/carer and follow-up
- The characteristics of the health professional who may supply or administer the medicine.
- Any CPD requirements.
- Details of any referral arrangements to be made after using the PGD
- Details to ensure the medicine administered is recorded
- References used to prepare the PGD e.g. BNF, SPC, national or local clinical guidelines
- The signatures of the dentist and pharmacist who are responsible for the PGD. A signature from a representative of the same healthcare qualification to those will be working under the PGD.
- The signature from a senior person to confirm “adoption” and authorisation of the PGD to be used within their clinic (Principal/Dentist/Manager. in Wales)

Who can use PGDs?

PGDs can only be used by the following registered healthcare professionals, provided they are explicitly named on the PGD itself.

Nurses	Midwives
Paramedics	Optometrists
Chiropodists/Podiatrists	Radiographers
Dental Hygienists and Dental Therapists	Pharmacists
Orthoptists	Physiotherapists
Dieticians	Occupational Therapists
Speech and Language Therapists	Prosthetists
Health Visitors	Orthotists

Individuals working under PGD must know the indications of the medicine to be administered, its normal dosage, side-effects, precautions and contra-indication of the medicine to be administered.

Accountability.

Use of PGDs does not remove your inherent professional obligations. Healthcare professionals working under PGDs are wholly accountable for their actions when using a PGD. If a Dental hygienist or dental therapist using our PGDs administers Local Anaesthetic outside of the criteria laid out in the PGD. e.g. exceeds the maximum dose or gives the incorrect drug they will be held responsible and liable for prosecution and potentially registration is at risk.

Authorisation, Adoption and Record Keeping.

It is possible for the practice principal/manager to “adopt” a PGD written on their behalf if they have not been involved in writing the PGD themselves.

A prerequisite of working under PGDs is an understanding of how they work and the potential implications of improper use. The Practice Principle/ Manager must ensure that only Dental Professionals that they deem competent and with an understanding of PGDs are deemed competent.

A copy of the PGD must be given to any clinicians named within a PGD. A copy of the full PGD document should be kept within the practice that the PGD applies to, and ideally a copy filed safely within the CQC folder.

What crucial information must be included within a PGD?

- The name of the business to which the Direction applies;
- The date the Direction comes into force and the date it expires;
- A description of the medicine(s) to which the Direction applies;
- Class of health professional who may supply or administer the medicine;
- Signature of a doctor or dentist, as appropriate, and a pharmacist;
- The signature from a manager/principle to confirm “adoption” and authorisation of the PGD to be used within their clinic.

- The clinical condition or situation to which the Direction applies;
- A description of those patients excluded from treatment under the Direction;
- A description of the circumstances in which further advice should be sought from a doctor (or dentist, as appropriate) and arrangements for referral;
- Details of appropriate dosage and maximum total dosage, quantity, pharmaceutical form and strength, route and frequency of administration, and minimum and maximum period over which the medicine should be administered;
- Relevant warnings, including potential adverse reactions;
- Details of any necessary follow-up action and the circumstances;
- A statement of the records to be kept for audit purposes.
- The signature from a senior person to confirm “adoption” and authorisation of the PGD to be used within their clinic.

How are Patient Group Directions Developed?

PGDs take a significant amount of time and resource to develop and implement.

The law requires that PGDs should be drawn up by a Pharmacist, and a Doctor or Dentist along with a representative of the same healthcare profession. There must also be authorisation from the appropriate organisation (your practice) and that all dental hygienists and therapists using the directions are specifically named within the PGD and signed by them.

PGD can be developed where doing so will:

- Improve access to treatment
- Offer an advantage to patient care without compromising patient safety
- Reduce patient waiting times
- Ensure the appropriate use and extension of the skills used by the various healthcare professionals detailed in the legislation

Where can I get further Information on PGDs?

For any specific queries regarding our PGDs, please email Dr Riaz at info@dentaldirectives.co.uk

Useful reading

- Department of Health (1998): Review of Prescribing, Supply and Administration of Medicines.
- A report on the Administration of Medicines.
- NMC (2002) Standards for the Administration of Medicines
- NMC (2002) Professional Code of Conduct
- Health Services Circular 2000/026 - Patient Group Directions
- <http://www.cqc.org.uk/content/gp-mythbuster-19-patient-group-directions-pgds-patient-specific-directions-psds>
- <http://www.theddu.com/guidance-and-advice/latest-updates-and-advice/patient-group-directions>
- <http://www.bscht.org.uk/faqs.html>
- The Human Medicines Regulations 2012: Regulations 232 and Schedule 16
- Private Dentistry (Wales) Regulations 2008
- Care Standards Act 2000

