

# Patient Group Direction

For the supply of

Terbinafine 1% cream (15 g & 30 g)

By registered community pharmacists providing the

NHS Wales Clinical Community Pharmacy Service for

the treatment of athlete's foot and fungal skin infection

(tinea corporis/tinea cruris)

in [Powys Teaching Health Board]

Operational from: 1<sup>st</sup> July 2023

Review Date: 31<sup>st</sup> March 2026

Version number: 1.0

*PGD for the supply of terbinafine 1% cream for the treatment of athlete's foot and fungal skin infection  
(tinea corporis/tinea cruris) as part of the Community Pharmacy Common Ailment Service  
Valid from: 1<sup>st</sup> July 2023 Expiry Date: 30<sup>th</sup> June 2026*

PGD 0233  
Valid from 01/07/2023  
Review Date 31/03/2026  
Expiry date 30/06/2026

**PGD for the supply of terbinafine 1% cream for the treatment of athlete's foot and fungal skin infection (tinea corporis/tinea cruris) by pharmacists delivering the Common Ailment Service component of the Clinical Community Pharmacy Service**

Reference: Terbinafine 1% cream PGD  
Version no: 1.0  
Valid from: 1<sup>st</sup> July 2023  
Review date: 31<sup>st</sup> March 2026  
Expiry date: 30<sup>th</sup> June 2026

**Welsh Medicines Advice Service has developed this PGD for local authorisation**

Those using this PGD must ensure that it is authorised by the Local Health Board in which they are operating and signed in section 2 by an appropriate authorising person, relating to the class of person by whom the product is to be supplied, in accordance with the Human Medicines Regulations 2012 (HMR2012)<sup>1</sup>. **THE PGD IS NOT LEGAL OR VALID WITHOUT SIGNED AUTHORISATION IN ACCORDANCE WITH HMR2012 SCHEDULE 16 Part 2.**

Authorising organisations must not *alter, amend or add* to the *clinical* content of this document. Such action will invalidate the *clinical sign-off* with which it is provided.

As operation of this PGD is the responsibility of service providers, the authorising organisation can decide which staff groups, in keeping with relevant legislation, can work to the PGD.

**INDIVIDUAL PRACTITIONERS MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE WORKING ACCORDING TO IT.**

Practitioners and organisations must check that they are using the current version of the PGD. Amendments may become necessary prior to the published expiry date.

Any queries regarding the clinical content of this PGD should be addressed to: [welshmedicines.information@wales.nhs.uk](mailto:welshmedicines.information@wales.nhs.uk)

**Change history:**

Version number	Change details	Date
1.0	Original PGD template developed	13 <sup>th</sup> October 2022

<sup>1</sup> this includes any relevant amendments to legislation (e.g. [2013 No.235](#), [2015 No.178](#) and [2015 No.323](#)).

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## 1. PGD development

This PGD has been developed and peer reviewed by an expert panel and approved by the Community Pharmacy Clinical Advisory Group in accordance with the PGD Policy.

**This section MUST REMAIN when a PGD is adopted by an organisation**

### Expert panel

Name	Position	Designation
Alya Al-Affan	Main author	Formulary and PGD Lead for the Common Ailments Service, Welsh Medicines Advice Service, Cardiff and Vale UHB
Louise Allen	CPCAG reviewer	Head of Community Pharmacy, Primary, Community and Intermediate Care, Cardiff and Vale UHB
Rachel James	CPCAG reviewer	Advanced Pharmacist, Community and Practice Development, Hywel Dda UHB
Dr Sarah Medicott	Medical Reviewer	Senior GP Partner on Medicines Management and Expenditure Committee, Cwm Taf Morgannwg UHB

Date CPCAG approval of PGD: 21<sup>st</sup> June 2023

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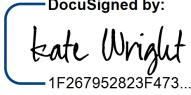
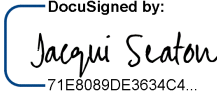


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## 2. Organisational authorisations

The PGD is not legally valid until it has had the authorisation of the Local Health Board in which the community pharmacy using it operates.

It is the responsibility of the Local Health Board, to ensure that all legal and governance requirements are met. The Local Health Board accepts governance responsibility for the appropriate use of the PGD.

**Powys Teaching Health Board** authorises this PGD for use by community pharmacies within its area that have been commissioned to provide the Common Ailments Service component of the Clinical Community Pharmacy Service. This authorisation is limited to those pharmacists that meet the requirements set out within the PGD.

Local Health Board approval (legal requirement) as per health board policy			
Role	Name	Sign	Date
Lead Doctor for PTHB	Dr Kate Wright	 DocuSigned by: Kate Wright 1F267952823F473...	9/15/2023
Chief Pharmacist for PTHB	Jacqui Seaton	 DocuSigned by: Jacqui Seaton 71E8089DE3634C4...	9/18/2023
Clinical Governance Lead for PTHB	Amanda Edwards	 DocuSigned by: Amanda Edwards 74A4E51A42E9473...	9/19/2023
Senior Pharmacist Lead for Community Pharmacies, PTHB	Emlyn Pritchard	 DocuSigned by: Emlyn Pritchard EB776BA7283F49B...	25/08/2023

Local enquiries regarding the use of this PGD may be directed to [welshmedicines.information@wales.nhs.uk](mailto:welshmedicines.information@wales.nhs.uk)

[Appendix B](#) provides a practitioner listing sheet. Individual practitioners must be listed by name to work to this PGD. Alternative practitioner listing sheets may be used where appropriate in accordance with local policy, but this should be an individual agreement or a multiple practitioner listing sheet as included at the end of this PGD.

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### 3. Characteristics of Staff

<b>Qualifications and professional registration</b>	This PGD is for use by pharmacists currently registered with the General Pharmaceutical Council (GPhC).
<b>Additional requirements</b>	<p>Pharmacists must:</p> <ul style="list-style-type: none"> <li>➤ be employed by, or providing services on behalf of a pharmacy listed in the All Wales Pharmacy Database (AWPD) for the Clinical Community Pharmacy Service.</li> <li>➤ be authorised by name as an approved practitioner under the current terms of this Patient Group Direction before working to it by completing <a href="#">Appendix B</a>.</li> <li>➤ be familiar with the medicine and alert to changes in the <a href="#">Summary of Product Characteristics (SmPC)</a>.</li> <li>➤ have access to the Patient Group Direction and associated resources (including the service specification and the clinical guidance document supporting the PGD) and must be competent in the use of PGDs (see <a href="#">NICE Competency framework</a> for health professionals using PGDs).</li> <li>➤ be named in the All Wales Pharmacy Database for the Common Ailment component of the Clinical Community Pharmacy Service.</li> <li>➤ have met the training requirements for the service as set out by HEIW (Health Education and Improvement Wales).</li> <li>➤ be familiar with the <a href="#">British National Formulary (BNF)</a> and <a href="#">SmPC</a> entries for terbinafine 1% cream.</li> <li>➤ have awareness of the adverse drug reactions associated with terbinafine 1% cream.</li> </ul> <p><b>The pharmacist must be listed by name, under the current version of this PGD that has been issued by the local health board in which area they are operating before working under its authority.</b></p>
<b>Ongoing training and competency</b>	<p>Pharmacists must:</p> <ul style="list-style-type: none"> <li>➤ undertake regular CPD and maintain own level of competence and knowledge in this clinical area to provide the service.</li> <li>➤ be aware of any updates made to the products in <a href="#">SmPC</a> and <a href="#">BNF</a>.</li> <li>➤ be aware of any updates to relevant national and local guidelines.</li> <li>➤ as registered professionals, be professionally accountable and must work within their competence.</li> </ul> <p>A record of training and competency assessments undertaken must be maintained.</p>

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#### 4. Clinical condition

<b>Clinical condition or situation to which this PGD applies</b>	For the treatment of: <ul style="list-style-type: none"> <li>➤ athlete's foot (tinea pedis)</li> <li>➤ fungal skin infection (tinea corporis/tinea cruris)</li> </ul> in accordance with the community pharmacy Common Ailment Service (CAS) component of the Clinical Community Pharmacy Service (CCPS).
<b>Criteria for inclusion</b>	<b>Athlete's foot</b> <ul style="list-style-type: none"> <li>➤ Individuals aged 18 years and over, presenting with symptoms of athlete's foot</li> </ul> <b>Fungal skin infection (tinea corporis/tinea cruris)</b> <ul style="list-style-type: none"> <li>➤ Individuals aged 18 years and over, presenting with symptoms of ringworm (tinea corporis) and/or fungal groin infection (tinea cruris)</li> </ul> <b>For all indications</b> <ul style="list-style-type: none"> <li>➤ The individual has no contraindications to terbinafine – see <a href="#">SmPC</a></li> <li>➤ Where informed consent has been given (patient, parent/guardian, carer)</li> </ul>
<b>Criteria for exclusion<sup>2</sup></b>	<b>For all indications</b> <ul style="list-style-type: none"> <li>➤ If the pharmacist is unsure of diagnosis</li> <li>➤ To individuals with severe, extensive or persistent symptoms</li> <li>➤ To individuals with signs of an untreated bacterial or viral infection (e.g. if severe redness/soreness is present with/without exudate or if infected lesions are present)</li> <li>➤ To individuals who are immunocompromised as these individuals may require systemic treatment (for further information regarding supply of medication to diabetic individuals see under individual ailments below)</li> <li>➤ If an individual is in significant pain and discomfort or appears systemically unwell</li> <li>➤ If an individual is pregnant</li> <li>➤ If an individual is breastfeeding or is planning to start breastfeeding while having treatment</li> <li>➤ If symptoms have not improved after using advised treatment</li> <li>➤ If an individual has reinfection or recurrent episodes which fall outside maximum issues in a 12 month period</li> <li>➤ If the pharmacist is unable to undertake an appropriate assessment, in order to determine the need for the medicine and that it would be appropriate for the patient to use it</li> </ul>

<sup>2</sup> Exclusion under this PGD does not necessarily mean the medication is contraindicated, but it would be outside its remit and another form of authorisation for supply will be required.

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<p><b>Criteria for exclusion</b> (continued)</p>	<ul style="list-style-type: none"> <li>➤ To individuals who are unable to administer or use the product effectively themselves or who do not have a parent/guardian/carer to administer or apply the medication for them</li> <li>➤ If individual does not agree to share relevant clinical information</li> <li>➤ To individuals with known hypersensitivity to terbinafine 1% cream or any of the excipients – see <a href="#">SmPC</a></li> </ul> <p><b><u>Athlete's foot</u></b> Terbinafine 1% cream should not be supplied:</p> <ul style="list-style-type: none"> <li>➤ to an individual with diabetes, if, in the opinion of the pharmacist:</li> <li>➤ there are concerns regarding diabetic control</li> <li>➤ the individual is at increased risk of detrimental symptoms associated with poorly controlled diabetes; symptoms can include thirst, blurred vision, fatigue and increased frequency of urination, poor sensation to extremities and poor circulation</li> <li>➤ the individual is unsure how to manage their diabetes</li> <li>➤ if the intended use is for an area other than the affected toes/feet</li> <li>➤ if the intended use is for more than 7 days</li> <li>➤ if an individual has already tried appropriate treatment in the current episode and there is no improvement after 7 days</li> <li>➤ to treat nail/scalp infections</li> </ul> <p><b><u>Fungal skin infection (tinea corporis/tinea cruris)</u></b> Terbinafine 1% cream should not be supplied:</p> <ul style="list-style-type: none"> <li>➤ to an individual with diabetes, if, in the opinion of the pharmacist:             <ul style="list-style-type: none"> <li>○ there are concerns regarding diabetic control of the individual and/or</li> <li>○ the individual is at increased risk of detrimental symptoms associated with poorly controlled diabetes; symptoms can include thirst, blurred vision, fatigue and increased frequency of urination</li> <li>○ the individual is unsure how to manage their diabetes</li> <li>○ for more than 14 days use</li> </ul> </li> </ul>
<p><b>Cautions (including relevant actions to be taken)</b></p>	<p>Please refer to the <a href="#">SmPC</a> for terbinafine 1% cream for full details of special warnings and precautions for use.</p> <ul style="list-style-type: none"> <li>➤ Terbinafine 1 % cream is for external use only.</li> <li>➤ Terbinafine 1 % cream may be irritating to the eyes. Contact with the eyes should be avoided. In case of accidental contact with the eyes, rinse eyes thoroughly with running water.</li> <li>➤ Terbinafine 1% cream should be kept out of the reach of children.</li> <li>➤ In the event of an allergic reaction, the cream should be removed and the treatment interrupted.</li> </ul>

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	<ul style="list-style-type: none"> <li>➤ While undergoing treatment with terbinafine 1% cream, persons should not smoke or go near naked flames due to risk of severe burns. Fabric (clothing, bedding, dressings etc) that has been in contact with this product burns more easily and is a serious fire hazard. Washing clothing and bedding may reduce product build-up but not totally remove it.</li> <li>➤ It is not recommended to use acid pH soap. This provides favourable growth conditions for <i>Candida</i> spp.</li> <li>➤ Terbinafine 1% cream contains 10 mg benzyl alcohol in each gram of cream. Benzyl alcohol may cause allergic reactions and mild local irritation. This medicine also contains cetyl alcohol and cetostearyl alcohol which may cause local skin reactions (e.g. contact dermatitis).</li> <li>➤ There are no known drug interactions with topical terbinafine. However, the <a href="#">BNF</a> states that since systemic absorption can follow topical application the possibility of interactions should be considered.</li> </ul> <p><b>Athlete's foot</b> Individuals with diabetes can be supplied with treatment if, in the opinion of the pharmacist, there are no concerns or symptoms suggestive of poor control. For example, thirst, blurred vision, fatigue, poor sensation to extremities, poor circulation etc. Where treatment is supplied, the individual must be advised to make an appointment with their diabetic clinic/diabetic nurse for review within 7 days of supply.</p> <p><b>Fungal skin infection</b></p> <ul style="list-style-type: none"> <li>➤ Individuals with diabetes can be supplied with treatment if, in the opinion of the pharmacist, there are no concerns or symptoms suggestive of poor control. For example, thirst, blurred vision, fatigue etc.</li> <li>➤ See also <a href="#">drug interactions</a> section below for additional cautions.</li> </ul>
<p><b>Action to be taken if the individual is excluded or declines treatment</b></p>	<ul style="list-style-type: none"> <li>➤ Explain the reasons for exclusion to the individual and document in the consultation record.</li> <li>➤ If the individual declines, record the reason and advise of the consequences of not receiving treatment. Document the advice given alongside details of any referral made and their (patient, parent, guardian) intended actions.</li> <li>➤ If appropriate, patients may be offered a suitable alternative to terbinafine 1% cream from the All Wales Common Ailments Service Formulary. Alternatively, refer the individual to their GP if appropriate and/or provide them with information about further options.</li> <li>➤ Where there are safeguarding concerns, seek advice from local safeguarding services.</li> </ul>

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<b>Further advice</b>	➤ Further information can be found in the <a href="#">SmPC</a> , <a href="#">BNF</a> and the <a href="#">All Wales Common Ailments Service Formulary</a> .
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## 5. Description of treatment

<b>Name, strength &amp; formulation of drug</b>	Terbinafine 1% cream (non-proprietary)
<b>Legal category</b>	POM (Prescription Only Medicine)
<b>Black triangle ▼</b>	No
<b>Off-label use</b>	No
<b>Route / method of administration</b>	Topical. For external cutaneous use only.
<b>Dose and frequency of administration</b>	<p><b>Athlete's foot</b> For individuals 18 years and over: Apply thinly ONCE or TWICE a day for SEVEN days.</p> <p><b>Fungal skin infection (tinea corporis/tinea cruris)</b> For individuals 18 years and over: Apply thinly ONCE or TWICE a day for SEVEN to FOURTEEN days.</p>
<b>Duration of treatment</b>	<p>SEVEN to FOURTEEN days maximum depending on indication as per information above.</p> <p>This PGD only allows for the duration stated in the <a href="#">dosage schedule</a> above.</p>
<b>Quantity to be supplied/administered</b>	<p>Appropriately labelled pack to provide treatment for SEVEN to FOURTEEN days.</p> <p>1 x 15 g OR 1 x 30 g pack to provide SEVEN to FOURTEEN days treatment at a dose of once or twice daily application as per relevant <a href="#">dosing schedule</a>.</p>
<b>Drug interactions</b>	<p>➤ The <a href="#">SmPC</a> for terbinafine 1% cream states no drug interactions are known with the topical forms of terbinafine. The <a href="#">BNF</a> states that since systemic absorption can follow topical application the possibility of interactions should be considered.</p> <p>Refer to the <a href="#">BNF</a> for a detailed list of possible drug interactions.</p>
<b>Identification &amp; management of adverse reactions</b>	<p>A detailed list of adverse reactions is available in the <a href="#">SmPC</a>, and the <a href="#">BNF</a>.</p> <p>This list does not reflect all reported side effects.</p>

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<p><b>Identification &amp; management of adverse reactions</b> (continued)</p>	<p>If the individual experiences any of the following they must discontinue treatment:</p> <ul style="list-style-type: none"> <li>➤ difficulty breathing or swallowing</li> <li>➤ swelling of the mouth, face, lips, tongue or throat (severe allergic reaction symptoms)</li> <li>➤ severe itching of the skin, with a red rash or raised lumps, hives or blisters</li> </ul> <p>The following side effects have been reported as:</p> <p><u>Very common to common</u> (affecting between 1 in 10 and 1 in 100 patients)</p> <ul style="list-style-type: none"> <li>➤ Skin exfoliation, pruritus</li> </ul> <p><u>Uncommon</u> (affecting up to 1 in 1000 patients)</p> <ul style="list-style-type: none"> <li>➤ Skin lesion, scab, skin disorder, pigmentation disorder, erythema, skin burning sensation</li> <li>➤ Application site pain and irritation</li> </ul> <p>These effects are usually harmless and treatment can often be continued.</p> <p><u>Rare</u> (affecting up to 1 in 10000 patients)</p> <ul style="list-style-type: none"> <li>➤ Condition aggravated</li> <li>➤ Eye irritation, dry skin, contact dermatitis, eczema</li> </ul> <p><u>Not known</u> (cannot be estimated from the available data)</p> <ul style="list-style-type: none"> <li>➤ Hypersensitivity</li> <li>➤ Rash</li> </ul>
<p><b>Patient or carer advice/follow up</b></p>	<p>Supply the marketing authorisation holder's patient information leaflet (<a href="#">PIL</a>).</p> <p>For both indications inform the individual or their carer:</p> <ul style="list-style-type: none"> <li>➤ skin should be clean and dry prior to application and should be applied in a thin layer on and around the affected skin; the cream should be rubbed in gently.</li> <li>➤ the infection usually appears to improve within a few days of starting to use the cream.</li> <li>➤ it is important that they use it regularly even when the infection improves.</li> <li>➤ even though the cream is only to be used for 7-14 days, full skin healing after fungal infection has cleared will continue for up to 4 weeks; if there is no sign of improvement within 2 weeks of starting treatment, to talk to their doctor.</li> </ul> <p><b>Athlete's foot</b></p> <ul style="list-style-type: none"> <li>➤ If applicable, that immunocompromised individuals are at increased risk of developing a severe, resistant or extensive fungal foot infection. As a result, the infection should be monitored and if not healing or worsening the individual should seek medical attention.</li> </ul>

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<p><b>Patient or carer advice/follow up</b> (continued)</p>	<ul style="list-style-type: none"> <li>➤ To minimise exposure to risk factors for developing recurrent fungal foot infection including:             <ul style="list-style-type: none"> <li>○ hot, humid climates or working in high temperature environments.</li> <li>○ wearing occlusive footwear (may be prevalent in e.g. athletes, soldiers, construction workers); wear footwear that keeps the feet cool and dry, leaving shoes and socks off as much as possible when at home instead.</li> <li>○ walking on floor surfaces contaminated with infectious desquamated skin scales e.g. communal shower facilities, swimming pools and saunas.</li> <li>○ hyperhidrosis (if able via treatment options available OTC or via the GP).</li> </ul> </li> <li>➤ Wear a fresh pair of cotton socks every day.</li> <li>➤ Change to a different pair of shoes every 2–3 days.</li> <li>➤ Wash the feet daily, then dry them thoroughly, especially between the toes.</li> <li>➤ Avoid using moisturiser between the toes because this may help fungi to multiply.</li> <li>➤ Antifungal dusting powders may help prevent re-infection.</li> <li>➤ To reduce transmission risk do not share towels, and wash them frequently.</li> </ul> <p><b>Fungal skin infection (tinea corporis/tinea cruris)</b></p> <ul style="list-style-type: none"> <li>➤ Minimise exposure to risk factors for developing recurrent fungal foot infection including:             <ul style="list-style-type: none"> <li>○ hot, humid climates or working in high temperature environments.</li> <li>○ avoid wearing tight-fitting clothing; wear loose-fitting clothes made of cotton or a material designed to keep moisture away from the skin instead.</li> <li>○ maintain good hygiene by washing affected skin areas daily; after washing, dry thoroughly, especially in the skin folds.</li> <li>○ avoid scratching affected skin, as this may spread infection to other sites.</li> <li>○ do not share towels, and wash them frequently, to reduce the risk of transmission.</li> <li>○ wash clothes and bed linen frequently to eradicate fungal spores.</li> <li>○ consider losing weight if obese.</li> <li>○ take your pet to the vet if you think they might have ringworm (for example, patches of missing fur).</li> <li>○ hyperhidrosis (if able via treatment options available OTC or via the GP).</li> </ul> </li> </ul> <p>Inform the individual/carer: if they get any side effects, to talk to their doctor, or pharmacist or nurse and report any suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) by using the</p>
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<b>Patient or carer advice/follow up</b> (continued)	<ul style="list-style-type: none"> <li>➤ <a href="#">Yellow Card</a> reporting scheme. This includes any possible side effects not listed in the <a href="#">PIL</a>.</li> <li>➤ to seek medical advice if their condition deteriorates and/or they become systemically unwell.</li> <li>➤ to read the <a href="#">PIL</a> before taking the medication.</li> <li>➤ to visit the <a href="#">NHS website</a> on athlete's foot or fungal skin infection for more information.</li> </ul>
<b>Records</b>	<p>The consultation details including any medication supplied under this PGD must be recorded in Choose Pharmacy at the time of the consultation. Where the Choose Pharmacy platform is not available, temporary records must be made using the paper-based consultation record. Paper based records must be transferred into Choose Pharmacy as soon as practically possible following the consultation.</p> <p>If the patient is excluded, a record of the reason for exclusion and any specific advice that has been given must be documented within the consultation notes.</p>

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## Appendices

### Appendix A: Key references

- British National Formulary (BNF) – current edition. Available from: <https://bnf.nice.org.uk/> [accessed 20 March 2023]
- Summary Product Characteristics (SmPC). Available from: <https://www.medicines.org.uk/emc> [accessed 20 March 2023]
- Patient Group Directions. Medicines practice guideline [MPG2]. Updated March 2017. Available from: <http://www.nice.org.uk/guidance/mpg2/resources> [accessed 20 March 2023]
- General Pharmaceutical Council. In Practice: Guidance on Consent. Revised June 2018. Available from: <https://www.pharmacyregulation.org> [accessed 20 March 2023]
- General Pharmaceutical Council. In Practice: Guidance on Confidentiality. Revised June 2018. Available from: <https://www.pharmacyregulation.org> [accessed 20 March 2023]
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*PGD for the supply of terbinafine 1% cream for the treatment of athlete's foot and fungal skin infection (tinea corporis/tinea cruris) as part of the Community Pharmacy Common Ailment Service*  
Valid from: 1<sup>st</sup> July 2023 Expiry Date: 30<sup>th</sup> June 2026

PGD 0233  
Valid from 01/07/2023  
Review Date 31/03/2026  
Expiry date 30/06/2026

## Appendix B: *Healthcare Professionals Agreement to Practice*

Authorisation for the use of the Patient Group Direction for the supply of:  
Terbinafine 1% cream by community pharmacists under the Clinical Community  
Pharmacy Service, Common Ailment Service (athlete's foot, and fungal  
skin infection (tinea corporis and tinea cruris)) commissioned by  
Powys Teaching Health Board

### **Patient Group Directions do not remove inherent professional obligations or accountability.**

Once completed and approved, health professionals wishing to use the PGD must sign up to the PGD for the local health board in which they will be providing services. Only pharmacists who are accredited in line with the National Service Specification can operate under the PGD.

This Patient Group Direction is to be read, agreed and signed by all registered healthcare professionals authorised to operate the PGD. By signing this document, the professional operating the PGD confirms that they have read and understood the content of this PGD and are willing and competent to work under it within their professional code of conduct. One copy should be given to each named pharmacist and a signed copy must be kept within the pharmacy by the nominated member of staff with responsibility for PGDs. This will usually be the Superintendent Pharmacist or Responsible Pharmacist.

**Name and address of pharmacy:**

#### **For registered professional**

*I confirm that I have read and understood the content of this PGD and that I am willing and competent to work under it within my professional code of conduct.*

Name of registered pharmacist	Signature	GPhC number	Date

*PGD for the supply of terbinafine 1% cream for the treatment of athlete's foot and fungal skin infection (tinea corporis/tinea cruris) as part of the Community Pharmacy Common Ailment Service*  
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