Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Bronllys Hospital, Bronllys, Brecon, Powys, LD3 0LU

This Patient Group Direction (PGD) must only be used by registered healthcare professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used. Healthcare professionals should always access the PGD via the PTHB internet to ensure that they are always working to the most up to date version

Patient Group Direction

for the supply and/or administration of

Ulipristal Acetate 30 mg tablet

for **emergency contraception**

by **Registered Nurses** or **Midwives**

in Powys Teaching Health Board (PTHB)

Version number: **PGD 0090G**

Reference number: PGD 0090G
Valid from: 01/03/2026
Review date: 01/09/2028
Expiry date: 28/02/2029

Change history

Version number	Change details	Date
PGD0090	Initial issue	01/04/2015
PGD0090A	Review issue	01/09/2019
PGD0090B	Review issue to include SPS PGD template adoption. Minor formatting change, updated safeguarding information.	27/07/2022
PGD0090C	Review issue in line with updated SPS template version 2.0. Amended to cover supply or administration.	23/12/2022
PGD0090D	Review issue in line with updated SPS template version 2.1 to reword exclusion and caution sections to reflect change in guidance re combined oral contraceptive, in line with updated FSRH guidance. Updated references. Minor formatting change, updated safeguarding information, change to Appendix A. Breastfeeding information updated. Interaction section updated.	22/11/2023
PGD0090E	Updated according to SPS template version number 2.2: Added statement on exclusion for people who have missed two pills in week one of cycle. Breastfeeding information amended and is now in accordance with SPS template version 2.2. Updated references. Minor formatting change.	23/06/2025
PGD0090F	Updated according to SPS template version number 2.3: Further clarified missed pill scenario and aligned wording with V3 UPA-EC national template. Updated reference to FSRH to CoSRH. Updated references.	01/12/2025
PGD0090G	Updated according to SPS template version number 3.0: Planned end of life review. Updated reference to FSRH to CoSRH. Added missed pill scenario to exclusion criteria. Minor rewording to align the EC PGDs content, and update terminology.	01/03/2026

This Powys Teaching Health Board (PTHB) PGD is based on template v3.0 developed on behalf of the Specialist Pharmacy Service (SPS), which had been peer reviewed by the Reproductive Health PGDs Short Life Working Group in accordance with their Terms of Reference. The template has been adapted for use in Powys Teaching Health Board.

Note the working group and approving organisation(s) agreement to the content only applies to the national template and does not extend to any local adaptations made to any of the content which are solely the responsibility of the organisation authorising the PGD. The most up to date version of the template is available from the SPS national PGD template webpage.

NOTE
This Patient Group Direction is intended for use by NHS-commissioned services only.

It is recognised by the short life working group who developed the PGD template on behalf of the SPS that ulipristal for emergency contraception is a Pharmacy only (P) medicine and as such can be purchased from a registered pharmacy premises and as such individuals could be directed to purchase this preparation rather than it be supplied under a PGD. However, it was recognised that many services are commissioned to provide the medication required by the condition guidelines at the time of the consultation which includes P medicines.

Acknowledgements:

Name or Role	Position
Alison Crompton	Community pharmacist
Bola Sotubo	NHS North East London ICB pharmacist
Carmel Lloyd	Royal College of Midwives (RCM)
Dr Cindy Farmer	Senior Vice President, Professional Learning and Development, College of Sexual and Reproductive Healthcare (CoSRH)
Clare Livingstone	Royal College of Midwives (RCM)
Dipti Patel	Local authority pharmacist
Emma Anderson	Centre for Postgraduate Pharmacy Education (CPPE)
Heather Randle	Royal College of Nursing
Julia Hogan	Clinical Nurse Specialist
Kate Devonport	National Unplanned Pregnancy Association (NUPAS)
Kirsty Armstrong	National Pharmacy Integration Lead, NHS England
Lisa Knight	Community Health Services pharmacist
Michelle Jenkins	Clinical Nurse Specialist Sexual Health Blackpool Teaching Hospitals, and member of Courses and CPD Committee, College of Sexual and Reproductive Healthcare (CoSRH)
Portia Jackson	Lead Pharmacist iCaSH, Cambridgeshire Community Services
Rachel Logan	Senior Pharmacist, BPAS
Tanya Lane	CoSRH Registered Trainer MSI reproductive Choices
Jo Jenkins	Associate Director Medicines Governance, Medicines Use and Safety, Specialist Pharmacy Service
Kieran Reynolds	Advanced Specialist Pharmacist - Medicines Governance, Specialist Pharmacy Service
Rosie Furner (Working Group Co-Ordinator)	Advanced Specialist Pharmacist, PGDs and Medicine Mechanisms, Specialist Pharmacy Service
Sandra Wolper	Out of Hospital Care Lead, Medicines Use and Safety, Specialist Pharmacy Service

PGD authorisation

Name	Job title and organisation	Signature	Date
Senior Doctor **Dr Kate Wright**	Lead doctor for PTHB	DocuSigned by: Kate Wright 1F267952823F473...	2/23/2026
Chief Pharmacist **Jonathan Boyd**	Chief Pharmacist for PTHB	Signed by: Jon Boyd 6D8ECFE8C9EB423...	2/10/2026
Clinical Governance Lead **Amanda Edwards**	Clinical Governance Lead for PTHB - Assistant Director for Innovation and Improvement	DocuSigned by: Amanda Edwards 74A4E51A42E9473...	3/3/2026
Senior Representative of Professional Group using the PGD **Paul Hooton**	Executive Director of Nursing and Midwifery for PTHB	Signed by: Paul Hooton EEABC83AC83F4B9...	2/9/2026

Appendix A provides a staff accreditation sheet. Individual practitioners must be authorised by name to work to this PGD.

Those using this PGD must ensure that it is organisationally authorised and signed by an appropriate authorising person, relating to the class of person by whom the product is to be supplied, in accordance with Human Medicines Regulations 2012 (HMR2012)[1]. **The PGD is not legal or valid without signed authorisation in accordance with HMR2012 Schedule 16 Part 2.**

The final authorised copy of this PGD should be kept by PTHB for 25 years after the PGD expires.

[1] This includes any relevant amendments to legislation

Characteristics of Staff

The decision to supply and/or administer any medicine rests with the individual registered practitioner who must abide by the PGD and any associated organisation policies.

Qualifications and professional registration	Current contract of employment with Powys Teaching Health Board and be working in MIUs, School Nursing, Health Visiting, Midwifery, or providing Sexual Health Services. Practitioners must only work under this PGD where they are competent to do so. Practitioners working under this PGD must also be a registered healthcare professional listed in the legislation as able to practice under Patient Group Directions, registered with the following body: • nurses and midwives currently registered with the Nursing and Midwifery Council (NMC) Practitioners must also fulfil the Additional requirements listed below. Check Appendix A: Staff accredited to use this Patient Group Direction to confirm whether all practitioners listed above have organisational authorisation to work under this PGD.
Initial training	The registered healthcare professional authorised to operate under this PGD must have undertaken appropriate education and training and successfully completed the competencies to undertake clinical assessment of patients ensuring safe provision of the medicines listed in accordance with local policy. Suggested requirement for training would be successful completion of a relevant contraception module/course accredited or endorsed by the CoSRH (sign in with your Athens account, then search for Emergency Contraception), HEIW, or a university or as advised in the RCN training directory. Individual has undertaken appropriate training for working under PGDs for the supply and administration of medicines. Recommended training - eLfH PGD elearning programme, PTHB staff to access via ESR. The healthcare professional has completed training and is up to date with at least level 2 safeguarding or the

	equivalent, for safeguarding children and vulnerable adults, as applicable to the role. Additionally, practitioners: • must be authorised by name as an approved practitioner under the current terms of this PGD before working to it • must be competent in the use of PGDs (see NICE Competency framework for health professionals using patient group directions) • must have knowledge of the uses of ulipristal acetate, be familiar with its contraindications and adverse effects, and be alert to changes in the BNF and Summary of Product Characteristics • must have undertaken training appropriate to this PGD as required by local policy • must have access to the PGD and associated online resources • must be competent to assess an individual's capacity to understand the nature and purpose of the treatment and capacity to give or refuse consent to treatment • should fulfil any additional requirements defined by local policy • must be competent in the recognition, management and reporting of recognised adverse reactions, including anaphylaxis. Must be competent in the administration of adrenaline 1 in 1000, and have up to date Basic Life Support/ Intermediate Life Support skills, as applicable to the role **THE PRACTITIONER MUST BE AUTHORISED BY NAME, AS AN APPROVED PRACTITIONER, UNDER THE CURRENT VERSION OF THIS PGD BEFORE WORKING ACCORDING TO IT.**
Competency assessment	Registered healthcare professionals (HCPs) operating under this PGD must be assessed as competent (see Appendix A). The HCP must complete an appropriate self-declaration of competence for emergency contraception in their Personal Appraisal and Development Review (PADR) – the personal development plan (yellow) section of the PADR booklet should be used to record completion of Statutory and Mandatory training, including annual PGD e-learning.

	Registered HCPs operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions. Practitioners must recognise their own limitations and personal accountability and act accordingly.
Ongoing training and competency	Registered HCPs operating under this PGD are personally responsible for ensuring they remain up to date with the use of the medicine included in the PGD - if any training needs are identified these should be discussed with the senior individual responsible for authorising staff to act under the PGD and further training provided as required. Organisational PGD and/or medication training as required by PTHB: annual PGD training- evidence of ongoing PGD training to be submitted to Line Manager annually- this should include an annual completion certificate of PGD e-learning or a dated screenshot of the PGD e-learning assessment results as proof of completion. Updating at least every 2 years on the use of ulipristal acetate. Registered HCPs must ensure they are up to date with relevant issues and clinical skills and management of anaphylaxis, Life Support Skills (Basic/Intermediate Life Support as applicable to the role). Appropriate Continued Professional Development (CPD) must be maintained and made available on request. Compliance with all mandatory NHS training including safeguarding at level relevant to the role. **It is the responsibility of the healthcare professional to maintain their own competency to practice within this PGD.**

Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	To reduce the risk of pregnancy after unprotected sexual intercourse (UPSI) or regular contraception has been compromised or used incorrectly. **It is the responsibility of the supplying or administering healthcare professional to ensure that the individual is within the inclusion criteria, and that there are no reasons for exclusion before proceeding with the treatment. If there is any reason for concern, seek medical advice.**
Criteria for inclusion	• The individual is aged 13 years or over • Any individual presenting for emergency contraception (EC) between 0 and 120 hours following UPSI or when regular contraception has been compromised or used incorrectly • No contraindications to the medication • Medical and drug history taken, no reason for exclusion • Informed consent given by the individual or a person legally able to act on the person's behalf. The patient information leaflet should be available to inform consent. 13, 14 and 15 year-olds are included provided they meet the criteria of the Fraser Guidelines on consent to medical treatment. NB Refer to PTHB Consent to Treatment and Examination Policy. The CoSRH decision-making algorithm for Oral Emergency contraception can be found in *Appendix B.* The CoSRH decision-making algorithm for Emergency Contraception (EC): Copper Intrauterine Device (Cu-IUD) vs Oral EC can be found in *Appendix C*. Any vulnerable adult or child protection concerns should be referred to Safeguarding and PTHB safeguarding policies followed, where appropriate. Where there are safeguarding concerns (Child Protection or Protection of Vulnerable Adults, POVA) advice from the local Safeguarding team should be sought (see below).
Criteria for exclusion	• Informed consent not given. Individuals for whom valid consent, or 'best-interests' decision, in accordance with

	the Mental Capacity Act 2005, has not been obtained or received. • Individuals under 13 years old. If the individual is aged under 13 years, a referral to social services should be made in line with the Child Protection Procedures of the Health Board, and the healthcare professional should speak to local safeguarding lead and follow the local safeguarding policy. • Individuals 13, 14 or 15 years old and assessed as lacking capacity to consent using the Fraser Guidelines. • Individuals 16 years of age and over and assessed as lacking capacity to consent. • This episode of UPSI occurred more than 120 hours ago. **N.B.** A dose may be given if there have been previous untreated or treated episodes of UPSI within the current cycle if the most recent episode of UPSI is within 120 hours. • Known pregnancy (N.B. A previous episode of UPSI in this cycle is not an exclusion. Consider pregnancy test if more than three weeks after UPSI and no normal menstrual period since UPSI). • Less than 21 days after childbirth. • Less than 5 days after miscarriage, abortion, ectopic pregnancy or uterine evacuation for gestational trophoblastic disease (GTD). • Known hypersensitivity to the active ingredient or to any component of the product as detailed in the Summary of Product Characteristics (SmPC) which can be accessed on the EMC website • Use of levonorgestrel (LNG-EC) or any other progestogen in the previous 7 days (i.e. hormonal contraception including combined oral contraception, hormone replacement therapy (or use for other gynaecological indications)). • UPA-EC is not recommended in a missed pill situation. The individual should be referred to a prescriber in this specific circumstance. This exclusion applies to supply of UPA-EC via a PGD, other legal mechanisms for supply are available. • Concurrent use of antacids, proton-pump inhibitors or H_2-receptor antagonists including any non-prescription (i.e. over the counter) products being taken. • Severe asthma controlled by oral glucocorticoids. • Individuals using enzyme-inducing drugs/herbal products or within 4 weeks of stopping. • Acute porphyria.

	• Conditions outside of the clinical situations criteria. Refer to section 'actions to be taken if the individual is excluded or declines treatment'.
Cautions including any relevant action to be taken	• All individuals should be informed that insertion of a copper intrauterine device (Cu-IUD) within five days of UPSI or within five days from earliest estimated ovulation is the most effective method of emergency contraception. If a Cu-IUD is appropriate and acceptable, and cannot be fitted immediately, refer to the appropriate health service provider. Supply oral EC (with instructions to take ulipristal acetate within 120 hours of UPSI if Cu-IUD insertion is delayed, cannot be inserted, or the individual changes her mind). • Ulipristal acetate (UPA-EC) is ineffective if taken after ovulation. • If individual vomits within three hours from ingestion, a repeat dose may be given under this PGD. • Body Mass Index (BMI) >26kg/m^2 or weight >70kg – individuals should be advised that although oral EC methods may be safely used, a high BMI may reduce the effectiveness. A Cu-IUD should be recommended as the most effective method of EC. • Consideration should be given to the current disease status of those with severe malabsorption syndromes, such as acute/active inflammatory bowel disease or Crohn's disease. Although the use of UPA-EC is not contra-indicated it may be less effective and so these individuals should be advised that insertion of Cu-IUD would be the most effective emergency contraception for them and referred accordingly if agreed. • The effectiveness of UPA-EC can be reduced by progestogen taken in the following 5 days and individuals must be advised not to take progestogen containing drugs, including combined oral contraception, for 5 days after UPA-EC. See section 'Written information and further advice to be given to individual' • If the individual is 13, 14 or 15 years of age an assessment based on Fraser guidelines must be made and documented.

	• If the individual has not yet reached menarche consider onward referral for further assessment or investigation. • Any young person (under 18 years) who attends for sexual health/contraception should have their risk for child sexual exploitation assessed using CSERQ. See safeguarding advice. • Check for any other medications that the individual is taking, including topical or inhaled products, food supplements and herbal or homeopathic products. See interactions section and the BNF/ SPC for examples of relevant interactions. Under Section 128 and 130 of the Social Services and Wellbeing (Wales) Act 2014, staff have a duty to inform the Local Authority if they have reasonable cause to suspect that an adult or child is at risk. Any vulnerable adult or child protection concerns should be referred to Safeguarding and PTHB safeguarding policies followed. Consider discussing with GP. Any safeguarding concerns need to be directed to Safeguarding Hub: • to generic email address: PowysTHB.Safeguarding@wales.nhs.uk and • Central Safeguarding number: 01686 252806. • Out of hours: 0345 0544847. Advice can also be sought from local Safeguarding Leads.
Actions to be taken if the individual is excluded or declines treatment	• Explain the reasons for exclusion to the individual and document in the consultation record. • Record reason for decline in the consultation record. • Offer suitable alternative emergency contraception (consider copper IUD or administration of levonorgestrel PGD0033), or refer the individual as soon as possible to a suitable health service provider if appropriate and/or provide them with information about further options. Contact sexual health clinic in the first instance, who will support the individual to access the most suitable clinic.

Description of treatment

Name, form and strength of medicine	Ulipristal acetate 30mg tablet
Legal category	P
Route or method of administration	Oral
Off label use	Best practice advice given by College of Sexual and Reproductive Healthcare (CoSRH) is used for guidance in this PGD and may vary from the Summary of Product Characteristics (SmPC) which can be accessed on the EMC website. This PGD includes off-label use in the following conditions: • severe hepatic impairment • galactose intolerance, total lactase deficiency, glucose-galactose malabsorption • breastfeeding Medicines should be stored according to the conditions detailed in the Storage section below. However, in the event of an inadvertent or unavoidable deviation of these conditions the local pharmacy or Medicines Management team must be consulted. Where drugs have been assessed by pharmacy/Medicines Management in accordance with national or specific product recommendations as appropriate for continued use this would constitute off-label administration under this PGD. The responsibility for the decision to release the affected drugs for use lies with pharmacy/Medicines Management. Where a drug is recommended off-label consider, as part of the consent process, informing the individual/ parent/carer that the drug is being offered in accordance with national guidance but that this is outside the product licence.
Dose and frequency of administration	One tablet (30 mg) as a single dose taken as soon as possible up to 120 hours after UPSI.

Quantity to be administered or supplied	Appropriately labelled pack of one tablet.

Duration of treatment	• A single dose is permitted under this PGD.
	• If vomiting occurs within 3 hours of UPA-EC being taken a repeat dose can be administered/supplied under this PGD.
	• Repeated doses, as separate episodes of care, can be given within the same cycle. Please note:
	  ○ If within 7 days of previous LNG-EC offer LNG-EC again (not UPA-EC).
	  ○ If within 5 days of UPA-EC then offer UPA-EC again (not LNG-EC)

Storage	Medicines must be stored securely according to national guidelines and in accordance with the Summary of Product Characteristics (SmPC) which can be accessed on the EMC website
Drug interactions	A detailed list of drug interactions is included in the Summary of Product Characteristics (SmPC) which can be accessed on the EMC website or the BNF (these information sources must be consulted). Refer also to CoSRH guidance on drug interactions with hormonal contraception. Where a clinically significant interaction is identified discuss with appropriate prescriber and document advice given.
Identification and management of adverse reactions	A detailed list of adverse reactions is included in the Summary of Product Characteristics (SmPC) which can be accessed on the EMC website or the BNF. The following side effects are common with UPA-EC (but may not reflect all reported side effects): • Nausea or vomiting • Abdominal pain or discomfort • Headache • Dizziness • Muscle pain (myalgia) • Dysmenorrhea • Pelvic pain • Breast tenderness • Mood changes

	• Fatigue • The CoSRH advises that disruption to the menstrual cycle is possible following emergency contraception
Management of and reporting procedures for adverse reactions	• Healthcare professionals and individuals/carers are encouraged to report suspected adverse reactions to the MHRA's Yellow Card Scheme. For established medicines, serious adverse events in adults or all suspected adverse reactions in children that may be attributable to the medication should be reported. • Record all adverse drug reactions (ADRs) in the individual's clinical record and inform their primary care clinician. • Report any adverse reactions and any administration errors via the organisation incident policy Once for Wales Reporting System In case of an acute anaphylactic reaction occurring, adequate treatment provision must be available for immediate use: Anaphylaxis and resuscitation equipment including adrenaline (1 in 1000) injection and a working telephone must be available for immediate use. In the case of anaphylaxis:- • Refer to adrenaline (epinephrine) PGD 0017 and anaphylaxis procedure • Request medical assistance urgently. If the GP is not immediately available dial 999 to transfer to A&E • Ensure reaction is fully documented in individuals' notes • Ensure all individuals' records are marked **ALLERGIC TO ULIPRISTAL ACETATE**. • The individual may be advised to wear a MedicAlert or similar device to alert other healthcare providers
Written information and further advice to be given to individual or carer	• All methods of emergency contraception should be discussed. All individuals should be informed that fitting a Cu-IUD within five days of UPSI or within five days from the earliest estimated ovulation is the most effective method of emergency contraception. • Ensure that a patient information leaflet (PIL) is provided within the original pack. • Advise on likely side effects and their management. If the individual experiences dizziness as a side effect,

	or the less common side effects of somnolence or blurred vision, or the rare side effect of disturbance in attention, then they should not drive, use machinery or perform skilled tasks whilst affected. • If vomiting occurs within three hours of taking the dose, the individual should return for another dose. • Explain that menstrual disturbances can occur after the use of emergency hormonal contraception. • Provide advice on ongoing contraceptive methods, including how these can be accessed. • Repeated episodes of UPSI within one menstrual cycle - the dose may be repeated more than once in the same menstrual cycle should the need occur. • Individuals using hormonal contraception should delay restarting their regular hormonal contraception for 5 days following UPA-EC use. **(NB missed pill scenario is excluded from this PGD.)** Avoidance of pregnancy risk (i.e. use of condoms or abstain from intercourse) should be advised until fully effective. • Advise a pregnancy test three weeks after treatment especially if the expected period is delayed by more than seven days or abnormal (e.g. shorter or lighter than usual), or if using hormonal contraception which may affect bleeding pattern. • Promote the use of condoms to protect against sexually transmitted infections (STIs) and advise on the possible need for screening for STIs. • There is no evidence of harm if someone becomes pregnant in a cycle when they had used emergency hormonal contraception. • Breast feeding – there is no need to avoid breastfeeding after taking a single dose of UPA-EC. • Advise to consult a pharmacist, nurse or doctor before taking any new medicines including those purchased. • The individual should contact their GP if any lower abdominal pain occurs that is different from their usual period pain (possibility of ectopic pregnancy).
Advice / Follow-up treatment	• The individual should be advised to seek medical advice in the event of an adverse reaction or other cause for concern. Contact GP via surgery or emergency on call service.

	• The individual should attend an appropriate health service provider if their period is delayed, absent or abnormal or if they are otherwise concerned. • Pregnancy test as required (see advice to individual above). • Individuals advised how to access on-going contraception and STI screening as required.

Records to be kept	Record consultation details as required by local procedures. In addition, record:
	• The consent of the individual and:
	  ○ If individual is under 13 years of age record action taken
	  ○ If individual is 13, 14 or 15 years of age document capacity using Fraser guidelines. If not competent record action taken
	  ○ If individual over 16 years of age and not competent, record action taken
	  ○ Record name of representative who gave consent if appropriate
	• Name of individual, address, date of birth
	• GP contact details where appropriate
	• Relevant past and present medical history, including medication history. Examination finding where relevant e.g. weight
	• Any known medication allergies and previous adverse events
	• Printed name and signature of registered health professional operating under the PGD
	• Any reasons for decline, exclusion or referral, including actions taken.
	• Name, form, strength, dose and route of medication administered or supplied.
	• Date and time of administration or supply.
	• Quantity supplied or administered, including batch number and expiry date in line with local procedures.
	• Advice given, including advice given if excluded or declines treatment
	• Details of any adverse drug reactions and actions taken.
	• Advice given about the medication including side effects, benefits, and when and what to do if any concerns.

	• Any referral arrangements made – eg. referral for Cu-IUD, include where referred to and anticipated fitting date. • Any administration or supply outside the terms of the product marketing authorisation. • Recorded that administered/supplied via Patient Group Direction (PGD)- record PGD title, number and version. Records should be signed and dated (or a password controlled e-records) and securely kept for a defined period in line with local policy. All records should be clear, legible and contemporaneous. A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.

Key references (accessed August 2025)

- SmPC on EMC website
- Current edition of British National Formulary
- NICE Medicines practice guideline MPG2 - Patient Group Directions - Last Updated 27 March 2017
- College of Sexual and Reproductive Health Clinical Guidance: Emergency Contraception - March 2017 (Amended July 2023)
- College of Sexual and Reproductive Health Drug Interactions with Hormonal Contraception – May 2022
- College of Sexual and Reproductive Health Statement: Ulipristal Acetate and Breastfeeding (2025)
- Royal Pharmaceutical Society Safe and Secure Handling of Medicines

Appendix A Staff accredited to use this Patient Group Direction

Authorising Manager: I confirm that the practitioners named below have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of Powys Teaching Health Board for the named healthcare professionals below who have signed the PGD to work under it. *The authorising manager must use the competency checklist (below).*

Practitioner: By signing this PGD you are indicating that you agree to its contents and that you will work within it. PGDs do not remove inherent professional obligations or accountability. It is the responsibility of each professional to practice only within the bounds of their own competence and professional code of conduct.

I confirm that I have read and understood the content of this Patient Group Direction and that I am willing and competent to work to it within my professional code of conduct.

Printed name of registered health professional	**Signature of registered health professional**	**Printed name of senior representative authorising health professional**	**Signature of senior representative authorising health professional**	**Date**

The authorising manager should retain a copy of the list, which will be required for audit purposes. This list should be kept by PTHB for 25 years after the PGD expires.

The healthcare professional should retain a copy of the document after signing it.

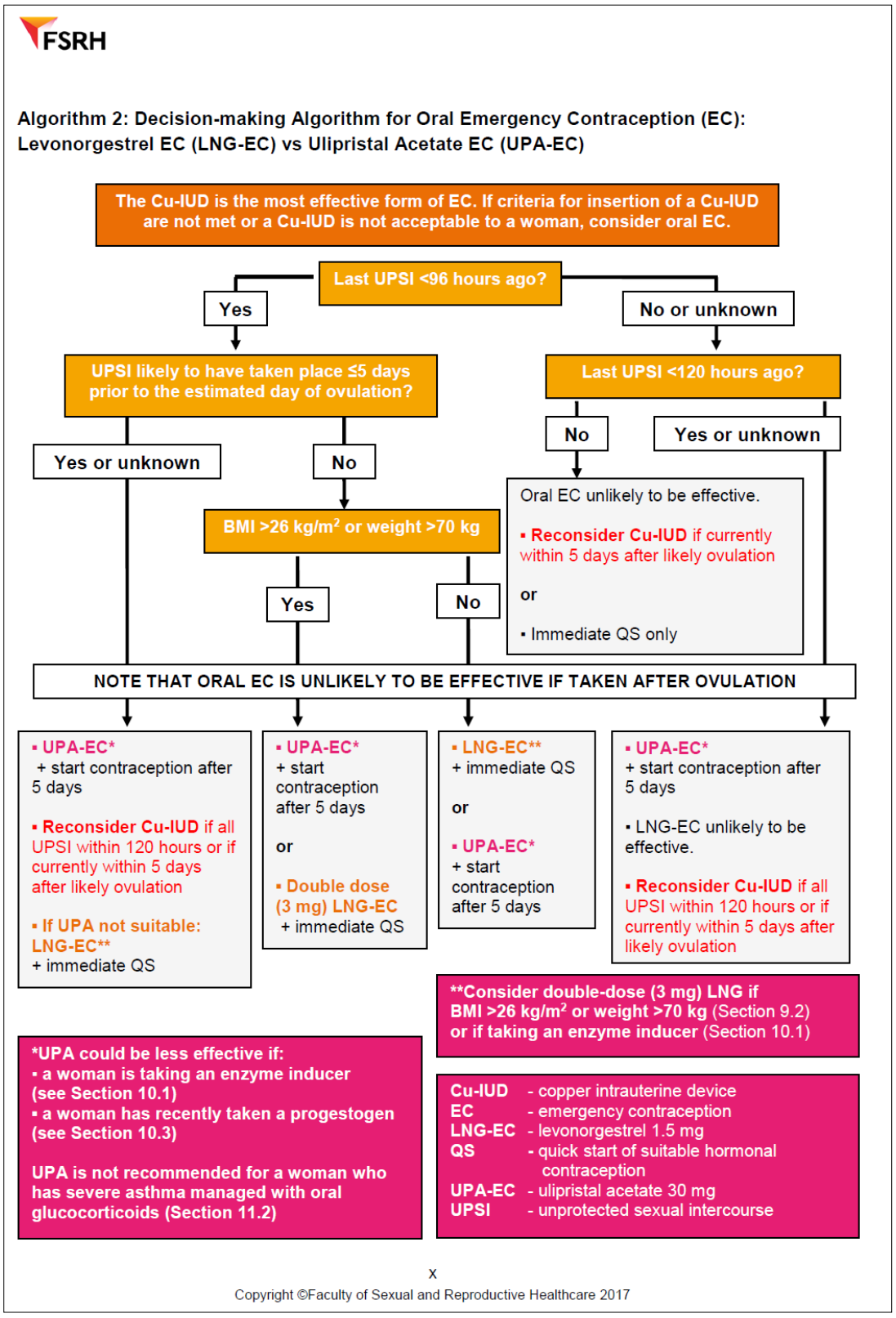
Competency check list for manager or senior team lead to use as part of the authorising process for health professionals to work to a Patient Group Direction (PGD). Review of authorisation will take place on each PGD update and at the individual's annual PADR.

Name: **Role:**		Sign / Initial	Specify in " comments " Further training identified (Y/N)	Comments
1	The PGD sign off is for the following PGD:(document the exact title and PGD number) _____			
2	We have discussed the expiry of the PGD and are using a version accessed electronically			
3	The member of staff has the appropriate qualifications and professional registration as outlined in the PGD			
4	The Patient Group Direction has been read in full by the staff member			
5	The identified training has been completed as specified in the PGD and is in date			
6	We have discussed some examples of inclusion criteria and exclusion criteria			
7	The staff member is confident in the administration method and doses			

Staff member print & sign name		Date
Manager or senior team lead to print & sign name		Date

Please send a copy of this completed form to individual's line manager and to the staff member, in conjunction with the PGD Appendix A authorisation sheet. A copy of this form should also be kept by service lead in the training file.

Appendix B



Appendix C Emergency contraception decision guide

Decision-making Algorithms for Emergency Contraception

Algorithm 1: Decision-making Algorithm for Emergency Contraception (EC): Copper Intrauterine Device (Cu-IUD) vs Oral EC