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

**Supply** of a

Progestogen only contraceptive pill (POP) **- Desogestrel 75 microgram** tablets

by Registered Nurses and Midwives

in Powys Teaching Health Board (PTHB)

Version number: PGD 0158D



Reference Number: PGD 0158D
Valid from: 01/04/2026
Review date: 01/09/2028
Expiry date: 31/03/2029

## Change history

| Version number | Change details | Date |
|---|---|---|
| PGD 0158 | Initial Issue | 21/02/2020 |
| PGD 0158A | Retire PGD 0159 and review issue in line with SPS template version 2.0. | 06/02/2023 |
| PGD 0158B | Updated according to SPS template version 2.1:<br>Added note re low risk of breast cancer. Updated references. Updated SLWG.<br>Minor updates to PTHB PGD template. | 09/05/2024 |
| PGD 0158 C | Updated according to SPS template version 2.3:<br>Added statement on advice when used in combination with GLP-1 agonists.<br>Added statement on advice on desogestrel and risk of meningioma.<br>Updated references.<br>Minor updates to PTHB PGD template.<br>Removal of Appendix B: The Patient Group Direction Record Sheet for the supply of desogestrel by Registered Midwives, Health Visitors, Nurses working for sexual health services and School Nurses in Powys Teaching Health Board from this PGD. | 01/09/2025 |
| PGD 0158D | Updated according to SPS template version number 3.0:<br>Planned end of life review. Updated reference to FSRH to CoSRH. Added statement regarding use after childbirth. Minor rewording to align the RH PGDs content, and update terminology. Update SLWG and references. | 01/04/2026 |

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.

## 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 |
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| 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**<br>**Dr Kate Wright** | Lead Doctor for PTHB | DocuSigned by:<br>Kate Wright<br>1F267952823F473... | 2/25/2026 |
| **Chief Pharmacist**<br>**Jonathan Boyd** | Chief Pharmacist for PTHB | Signed by:<br>Jon Boyd<br>6D8ECFE8C9EB423... | 3/3/2026 |
| **Clinical Governance Lead**<br>**Amanda Edwards** | Clinical Governance Lead for PTHB-<br>Assistant Director for Innovation and Improvement | DocuSigned by:<br>Amanda Edwards<br>74A4E51A42E9473... | 3/3/2026 |
| **Senior representative of professional group using the PGD**<br>**Paul Hooton** | Executive Director of Nursing and Midwifery for PTHB | Signed by:<br>Paul Hooton<br>EEABC83AC83F4B9... | 2/25/2026 |

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 any medicine rests with the individual registered practitioner who must abide by the PGD and any associated organisation policies.

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| **Qualifications and professional registration** | Current contract of employment with Powys Teaching Health Board and working in 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 (HCP) listed in The Human Medicines Regulation 2012, Schedule 16 Part 4 legislation as able to practice under Patient Group Directions, registered with the following body:<br>• Nurses and midwives currently registered with the Nursing and Midwifery Council (NMC)<br><br>The practitioners must also fulfil the training and additional requirements detailed below.<br><br>Check Appendix A: Staff accredited to use the Patient Group Direction to confirm whether all practitioners listed above have organisational authorisation to work under this PGD. |
| **Initial training** | The registered healthcare professional (HCP) authorised to operate under this PGD must have undertaken appropriate education and training and successfully completed the competencies to undertake clinical assessment of individuals ensuring safe provision of the medicines listed in accordance with local policy (including the supply of desogestrel (POP) and knowledge of its uses, contraindications and adverse effects; must be familiar with the product and alert to changes in the BNF and Summary of Product Characteristics; and 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). |

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| | 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 Contraception), HEIW, or a university or as advised in the RCN training directory.<br><br>Registered HCP 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.<br><br>The HCP 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.<br><br>Additionally, practitioners:<br>• must be competent in the use of PGDs (see NICE Competency framework for health professionals using patient group directions)<br>• must have undertaken training appropriate to this PGD as required by local policy<br>• must have access to the PGD and associated online resources<br>• should fulfil any additional requirements defined by local policy<br><br>**THE PRACTITIONER MUST BE AUTHORISED BY NAME, AS AN APPROVED PRACTITIONER, UNDER THE CURRENT VERSION OF THIS PGD BEFORE WORKING ACCORDING TO IT** |

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| **Competency assessment** | Registered healthcare professionals (HCPs) operating under this PGD must be assessed as competent (see Appendix A). The individual must complete a self-declaration of competence for contraception supply 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.<br><br>Registered HCPs operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions.<br><br>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 (Updating at least every 2 years on desogestrel 75 microgram) - 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.<br><br>Appropriate Continued Professional Development (CPD) must be maintained and made available on request.<br><br>Compliance with all mandatory NHS training including safeguarding at the level relevant to the role.<br><br>**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** | |
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| **Clinical condition or situation to which this PGD applies** | Contraception<br><br>**It is the responsibility of the supplying healthcare professional to ensure that the individual is within the inclusion criteria, and that there are no reasons for exclusion before proceeding with the supply. If there is any reason for concern, seek medical advice.** |
| **Criteria for inclusion** | • Individual (age from menarche and from 13 years, to up to 55 years) presenting for contraception.<br>• Consent given. Refer to PTHB Consent to Treatment and Examination Policy. Individuals 13, 14 or 15 years of age must be assessed as competent using Fraser Guidelines and this must be recorded appropriately. In case of any doubt, contact medical team or gynaecologist. The individual should be informed they are being treated using a PGD.<br>• Drug history taken, no reason for exclusion.<br>• Medical history and risk assessment completed, in line with UKMEC checklist and history taking proformas. UKMEC must be determined and documented before issuing contraception.<br><br>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). |

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| **Criteria for exclusion** | • Consent not given<br>• Individuals under 13 years of age. If the individual is under 13 years of age and known to have engaged in sexual activity this must be referred to Powys Children Service or CEOP Safety Centre and 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<br>• Individuals 13, 14, or 15 years of age and assessed as not competent using Fraser Guidelines<br>• Individuals 16 years of age and over and assessed as lacking capacity to consent<br>• Individuals over 55 years of age<br>• Established pregnancy. Note- risk of pregnancy with a negative pregnancy test is not an exclusion<br>• Known hypersensitivity to an active ingredient or to any constituent of the product – see the individual Summary of Product Characteristics which can be accessed on the EMC website (**NB some desogestrel products contain excipients containing soya/nut – awareness of allergy may be required depending on product offered. Healthcare Professional must check product information before supplying if the individual has known allergies)**<br>• Some POP products contain lactose/sucrose – individuals with rare hereditary problems of galactose intolerance, total lactase deficiency, fructose intolerance or glucose-galactose malabsorption or sucrase-isomaltase deficiency should not take these medicines. Where applicable, check product excipients before supplying.<br>• Acute porphyria<br>• Individuals with a meningioma or a history of meningioma<br>• Conditions outside of the clinical situations criteria |

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| | • Individuals who have previously received a supply of desogestrel 75microgram tablets where issues were identified<br>• Women who have conditions classed as UKMEC 3 or 4 category (https://www.cosrh.org)<br><br>**Cardiovascular Disease**<br>• Current or past history of ischaemic heart disease, vascular disease, stroke or transient ischaemic first attack, only if taking the method of contraception when the event occurred<br><br>**Cancers**<br>• Current or past history of breast cancer<br>• Malignant liver tumour (hepatocellular carcinoma)<br><br>**Gastro-intestinal conditions**<br>• Severe decompensated cirrhosis<br>• Benign liver tumour (hepatocellular adenoma)<br>• Any bariatric or other surgery resulting in malabsorption<br><br>**Medicines**<br>• Individuals using enzyme-inducing medicines/herbal products or within 4 weeks of stopping them (for further guidance see BNF/ SPC and CoSRH guidance on drug interactions).<br>• Individuals taking any interacting medicines (other than enzyme inducers), including any medicines purchased – see current British National Formulary (BNF) and individual product SmPC which is available on the EMC website and the Drug Interactions section.<br><br>Refer to section actions to be taken if the individual is excluded or declines treatment |

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| **Cautions including any relevant action to be taken** | • If the individual is 13, 14, or 15 years of age an assessment based on Fraser guidelines must be made and documented.<br>• Discuss with appropriate medical/independent non-medical prescriber any medical condition or medication of which the healthcare professional is unsure or uncertain.<br>• 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 POP is not contra-indicated it may be less effective and so these individuals should be offered Long Acting Reversible Contraception (LARC).<br>• Individuals should be advised that it is possible that medications that induce diarrhoea and/or vomiting (e.g. orlistat, laxatives, GLP-1 agonists) could reduce the effectiveness of POP.<br>• Individuals receiving GLP-1 agonists must use effective contraception.<br>Note some GLP-1 agonists may reduce the effectiveness of oral contraception and additional barrier methods are recommended - refer to the specific product SmPC which can be accessed on the EMC and CoSRH advice regarding GLP 1 agonists and contraception. Provide CoSRH patient information leaflet (PIL).<br>• **Offer LARC to all individuals in particular those with medical conditions for whom pregnancy presents an unacceptable risk and those on a pregnancy prevention plan.**<br>• **If an individual is known to be taking a medication which is known to be harmful to pregnancy, a highly effective form of contraception is recommended. Highly effective methods include the LARC methods: copper IUD, LNG-IUD and implant. If a LARC method is unacceptable/ unsuitable and a POP is chosen then an additional barrier method of contraception is advised. See CoSRH statement: Contraception for women using known teratogenic drugs (Feb 2018) FSRH.** |

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| | • Check for any other medications that the individual is taking, including topical or inhaled products, food supplements and herbal or homeopathic products.<br>(Refer to BNF/SPC, CoSRH Clinical Guidance: Drug Interactions with Hormonal Contraception May 2022, specific relevant CoSRH guidance regarding drug interactions with contraceptives, and Online HIV Drug Interaction Checker www.hiv-druginteractions.org for antiretroviral interactions)<br>• Refer to UK Medical Eligibility Criteria for Contraceptive Use (UKMEC) \| CoSRH for other cautions to consider.<br><br>Any vulnerable adult or child protection concerns should be referred to Safeguarding and PTHB safeguarding policies followed. Where there are safeguarding concerns (Child Protection or Protection of Vulnerable Adults, POVA) advice from the local Safeguarding team should be sought.<br><br>All individuals under the age of 19 years -follow local young person's risk assessment or equivalent local process. In PTHB, any young person (under 18 years) who attends for sexual health/contraception should have their risk for child sexual exploitation assessed using CSERQ 4/15 questionnaire. If any safeguarding concerns or significant risk factors are identified, a safeguarding referral should be made, advice can be sought from the PTHB safeguarding team.<br><br>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 the PTHB safeguarding policies followed. Consider discussing with GP.<br><br>Any safeguarding concerns need to be directed to Safeguarding Hub:<br>• To generic email address: |

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| | PowysTHB.Safeguarding@wales.nhs.uk<br>And<br>• Central Safeguarding number: 01686 252806<br>• Out of hours: 0345 0544847<br>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 these and the action taken in the consultation record.<br>If an individual less than 13 years of age has engaged in sexual activity, the child protection team must be contacted, PTHB Safeguarding Team must be notified and the local safeguarding policy must be followed.<br>• Record reason for declining treatment and action taken in the consultation record.<br>• Offer suitable alternative form of contraception if appropriate (consider providing condoms if no suitable hormonal alternative).<br>• Where required refer the individual to a suitable health service provider if appropriate and/or provide them with information about further options. Refer to GP practice or sexual health clinic in the first instance. |
| **Description of treatment** | |
| **Name, form and strength of medicine** | Desogestrel 75 micrograms tablets<br>• This PGD does not restrict which brands can be supplied- **local formularies/restrictions should be referred to.**<br>• Further brand information including full details of adverse effects and interactions is available in the individual SmPC which can be accessed on the EMC website or the MHRA website |
| **Legal category** | POM |

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| **Route or method of administration** | Oral |
| **Off label use** | Best practice advice given by the 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.<br><br>This PGD includes inclusion criteria, exclusion criteria and dosage regimen which are outside the market authorisation for many of the available products, but which are included within CoSRH guidance.<br><br>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 medicines 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 supply under this PGD. The responsibility for the decision to release the affected medicines for use lies with pharmacy/Medicines Management.<br><br>Where a medicine is recommended off-label consider, as part of the consent process, informing the individual/parent/carer that the medicine is being offered in accordance with national guidance but that this is outside the product license. |
| **Dose and frequency of administration** | • Single tablet taken at the same time each day starting on day 1-5 of the menstrual cycle with no need for additional protection.<br>• The POP can be started at any time after day 5 if it is reasonably certain that the individual is not pregnant. Additional precautions are then required for 48 hours after starting and advise to have follow up pregnancy test at 21 days. |

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| | • When starting or restarting the POP as quick start after levonorgestrel emergency contraception, additional contraception is required for 48 hours.<br>• In line with FSRH guideline - Combined Hormonal Contraception individuals using hormonal contraception should delay restarting their regular contraception for 5 days following ulipristal acetate use. Avoidance of pregnancy risk (i.e. use of condoms or abstain from intercourse) should be advised until fully effective.<br>• For guidance on changing from one contraceptive method to another, and when to start after an abortion and postpartum, refer to CoSRH - Switching or Starting Methods of Contraception and CoSRH Clinical Guideline: Contraception after Pregnancy<br>• The POP may be started at any time after childbirth, including immediately after childbirth and before 21 days; if starting after 21 days, additional contraceptive precautions are required (e.g. barrier methods/abstinence) |
| **Quantity to be supplied** | Initial supply: Individual to be issued with initial duration of 3-6 month supply (84 – 168 tablets) in appropriately labelled original packs.<br>Subsequent supplies: Individual to be issued with subsequent 12 months' supply at follow up consultation (336 tablets) in appropriately labelled original packs. |
| **Duration of treatment** | For as long as the individual requires POP and has no contraindications to the use of POP. |
| **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. |

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| **Drug interactions** | All concurrent medications, including those purchased should be considered for interactions.<br><br>A detailed list of drug interactions is included in the Summary of Product Characteristics (SmPC) which can be accessed on the EMC website and the BNF. Refer also to CoSRH guidance on drug interactions with hormonal contraception. These information sources must be consulted.<br><br>Refer to a prescriber if any concern of a clinically significant drug interaction. |
| **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.<br><br>The following possible adverse effects are commonly reported with POP (but may not reflect all reported adverse effects):<br>• Acne<br>• Breast tenderness<br>• Headache<br>• Disturbance of bleeding patterns<br>• Changes in mood/libido<br>• Weight change |
| **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. Guidance on the yellow card system is available in the BNF, or using the above link.<br>• Report any suspected adverse reactions to a doctor. The individual must be advised to contact the place of issue or other appropriate practitioner (e.g. their own GP practice or local Sexual Health Service if available) if they are concerned about any changes in their health that they feel may be due to desogestrel. |

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| | • Record all adverse drug reactions (ADRs) in the individual's clinical record and inform their primary care clinician.<br>• Report via organisation incident policy: All significant adverse drug reactions and any supply errors must be recorded via the Once for Wales Reporting System. |
| **Written information and further advice to be given to individual or carer** | • Provide manufacturer's information leaflet (PIL) provided within the original pack. Give appropriate advice if medication is used off-label.<br>• Individuals should be informed about the superior effectiveness of LARC.<br>• Explain mode of action, side effects, and benefits of the medicine.<br>• Advise on action if the individual vomits within two hours of taking the pill or in cases of prolonged vomiting or severe diarrhoea. See FSRH guideline - Progesterone-only Pills guidance.<br>• Advise on risks of the medication including failure rates, serious side effects and the actions to be taken.<br>• Advise on missed pills (a missed pill is defined as twelve hours after normal administration time for desogestrel). See FSRH guideline - Progesterone-only Pills.<br>• Advise that if POP started more than 21 days after childbirth, additional contraceptive precautions are required (e.g. barrier methods/abstinence).<br>• Advise that POP is acceptable for use in breastfeeding mothers.<br>• Advise that risk of any pregnancy is low during use of effective contraception. Of pregnancies that occur during use of the traditional POP, 1 in 10 may be ectopic.<br>• Individuals should be advised that current use of progestogen-only contraceptives is associated with a small increased risk of breast cancer which reduces with time after stopping. |

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| | • A follow up review should be undertaken 3-6 months after the initial supply. For subsequent supplies, a follow up review should be undertaken annually.<br>• Provide CoSRH PIL on GLP-1 agonists and contraception as appropriate (see Cautions section).<br>• Offer condoms and advice on safer sex practices and possible need for screening for sexually transmitted infections (STIs).<br>• Ensure the individual has the contact details of local sexual health services.<br>• Advise the individual to seek advice from a pharmacist, doctor or other prescriber before starting any new medications, including those purchased.<br>• Ensure individual knows when and how to access emergency contraception. |
| **Advice/ Follow-up treatment** | • The individual should be advised to seek medical advice in the event of an adverse reaction. Contact GP via surgery or emergency on call service.<br>• The individual should seek further advice if they have any concerns.<br>• Following initial supply, return within 3-6 months to assess suitability of contraception. For further supplies, review annually as required to assess suitability of contraception and issue further supplies if required. |
| **Records to be kept** | Record consultation details as required by local procedures. In addition, record:<br><br>• The consent of the individual and/or<br>  ○ If individual is under 13 years of age record action taken<br>  ○ If individual is 13, 14, or 15 years of age document capacity using Fraser guidelines.<br>  ○ If individual is 13, 14, or 15 years of age and not competent record action taken<br>  ○ If individual is over 16 years of age and not competent, record action taken |

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| | ○ Record name of the representative who gave consent if appropriate, or a decision to treat made in the individual's best interests in accordance with the Mental Capacity Act 2005<br>• If individual not treated under PGD record action taken<br>• Name of individual, address, date of birth<br>• GP contact details where available/appropriate<br>• Relevant past and present medical and sexual history<br>• Relevant medication history (to include over the counter, herbal medications, supplements and recreational drug use)<br>• Examination or microbiology finding/s where relevant<br>• Any known allergies and nature of reaction<br>• Printed name and signature of registered health professional operating under the PGD<br>• Name, strength and form of medication supplied<br>• Date of supply<br>• Dose supplied<br>• Quantity supplied including batch number (s) and expiry date(s) in line with local procedures<br>• Advice given, including advice given if excluded or declines treatment<br>• Details of any adverse drug reactions and actions taken<br>• Any advice received from medical cover and advice given about the medication including dosing regimen, side effects, benefits, and when and what to do if any concerns<br>• Any follow up and/or referral arrangements made<br>• Any supply outside the terms of the product marketing authorisation<br>• Recorded that supplied via Patient Group Direction (PGD)- record PGD title, number and version<br><br>Records should be signed and dated (or a password-controlled e-records) and securely kept for a defined period in line with local policy.<br><br>All records should be clear, legible and contemporaneous. |

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| | 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)

- Electronic Medicines Compendium
- 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 Guideline: Progestogen-only Pills August 2022, amended July 2023
- College of Sexual and Reproductive Health Drug Interactions with Hormonal Contraception – May 2022
- College of Sexual and Reproductive Healthcare (2019, amended October 2023) Combined Hormonal Contraception
- College of Sexual and Reproductive Healthcare (2016, amended 2019) UK Medical Eligibility Criteria for Contraceptive Use
- College of Sexual and Reproductive Healthcare Clinical Guideline: Quick Starting Contraception (April 2017)
- College of Sexual and Reproductive Healthcare (2023) Response to new study on use of combined and progestogen-only hormonal contraception and breast cancer risk
- CoSRH statement: Glucagon-like peptide-1 (GLP-1) agonists and oral contraception (January 2025)
- CoSRH: GLP-1 agonists and contraception Patient information leaflet (February 2025)
- CoSRH CEU statement: Use of desogestrel and risk of intracranial meningioma (July 2025)

## Appendix A Staff accredited to use the 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 practise 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** |
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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.

**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:**<br><br>**Role:** | | Sign / Initial | Further training identified (Y/N) Specify in comments" | Comments |
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| 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<br><br>Criteria and exclusion criteria | | | |
| 7 | The staff member is confident in the administration method and doses | | | |

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| 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.