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

Supply of **doxycycline**

for the treatment of uncomplicated *Chlamydia trachomatis,* or

uncomplicated *Mycoplasma genitalium*

by Registered Nurses and Midwives in sexual health departments in

Powys Teaching Health Board (PTHB)

Version number: **PGD 0161C**

Reference Number: PGD 0161C
Valid from: 01/04/2026
Review date: 01/10/2028
Expiry date: 31/03/2029

Change History

Version number	Change details	Date
PGD 0161	Initial version	18/04/2020
PGD0161A	Review issue in line with SPS template version 2.0. Removal of indication for non-gonococcal/non-specific urethritis, which will be treated by prescription only.	04/04/2023
PGD0161B	Review issue in line with SPS template version 2.1. Updated exclusion criteria – removed "Sucrose or fructose intolerance, glucose galactose malabsorption, sucrose-isomaltase insufficiency". Removed any reference to treatment of epididymo-orchitis.	21/08/2023
PGD0161C	Updated according to SPS template version 3.0: Alignment with other SPS antimicrobial PGD templates Removal of "A single repeat treatment course for individuals who have had sexual intercourse within 7 days of receiving treatment or who have had sex with partner untreated for the above conditions" from "Criteria for inclusion" section Addition of "Individuals who are systemically unwell" to "Criteria for exclusion" section Addition of information regarding management of users of doxycycline post exposure prophylaxis (doxyPEP) to "Action to be taken if the individual is excluded or declines treatment" section Minor updates to PTHB PGD template to ensure consistency with other PTHB PGDs.	01/04/2026

This Powys Teaching Health Board (PTHB) PGD is based on template v3.0 developed by the following on behalf of the Specialist Pharmacy Service (SPS), which had been peer reviewed by the national UTI antimicrobial PGD Short Life Working Group in accordance with their Terms of Reference.

Acknowledgements:

Name or Role	Position
Ali Grant	Lead Pharmacist: HIV, Sexual and Reproductive Health
Alison Crompton	Community pharmacy
Dipti Patel	Local authority pharmacist
Dr Cindy Farmer	Vice President, General Training, The College of Sexual and Reproductive Healthcare (CoSRH)
Dr Kathy French	Pan London PGD working group
Dr Rachael Jones	Consultant in HIV and Sexual Health, Chelsea and Westminster NHS Foundation Trust
Dr Rita Browne	Consultant in Sexual Health and HIV
Emma Anderson	Centre for Pharmacy Postgraduate Education (CPPE)
Heather Randle	Royal College of Nursing
Jo Jenkins (Working Group Co-ordinator to Version 2.0)	Associate Director – Medicines Governance, Medicines Use and Safety Division, Specialist Pharmacy Service
Jodie Crossman	Clinical Nurse Specialist, BASHH Nurse representative, STI Foundation Chair
Portia Jackson	Lead Pharmacist, iCaSH
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Tracy Rogers	Director - Medicines Use and Safety, Specialist Pharmacy Service
Rosie Furner (Working Group Co-ordinator from Version 2.1)	Advanced Specialist Pharmacist – Medicines Governance, Medicines Use and Safety Division, Specialist Pharmacy Service
Kieran Reynolds (Working Group Co-ordinator from Version 3.0)	Advanced Specialist Pharmacist – Medicines Governance, Medicines Use and Safety Division, Specialist Pharmacy Service

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.

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...	3/3/2026
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...	2/24/2026

The PGD is not legally valid until it has had the relevant organisational authorisations.
It is the responsibility of the provider organisation to ensure that all legal and governance requirements for using the PGD are met.

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.**

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

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 medication rests with the individual registered health professional who must abide by the PGD and any associated organisational policies.

Qualifications and professional registration	Current contract of employment with PTHB. 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 Human Medicines Regulation 2012, Schedule 16 Part 4 legislation as able to practice under Patient Group Directions: • Nurses or midwives currently registered with the Nursing and Midwifery Council (NMC) Practitioners must also fulfil the training and 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 (HCP) authorised to operate under this PGD must have: Undertaken appropriate training and successfully completed the competencies to undertake clinical assessment of individuals leading to diagnosis of the conditions listed. Recommended requirement for training would be successful completion of a relevant sexual health module/course accredited or endorsed by the BASHH, HEIW, RCN or a university or as advised in the RCN Sexual Health Education directory, or a locally developed and delivered training programme. Undertaken appropriate training for working under PGDs for the supply and administration of medicines. Recommended training is the eLfH PGD elearning programme, PTHB staff to access via ESR. Completed locally required training (including updates) in: • Safeguarding children and vulnerable adults • The supply of doxycycline and knowledge of its uses, contraindications and adverse effects. Additionally, practitioners:

	• must be familiar with the product(s) and alert to changes in the BNF and Summary of Product Characteristics (SPC) • must have undertaken training appropriate to this PGD as required by local policy • must have access to the PGD and associated online resources **THE PRACTITIONER MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE WORKING ACCORDING TO IT.**
Competency assessment	Registered HCPs under this PGD must be assessed as competent (see Appendix A). The individual must complete a self-declaration of competence for Chlamydia testing and/or treatment 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. Staff operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions Practitioners must be competent, recognise their own limitations and personal accountability and act accordingly.
Ongoing training and competency	Individuals operating under this PGD are personally responsible for ensuring they remain up to date with the use of all medicines and guidance included in the PGD - if any training needs are identified these should be discussed with the senior individual responsible for authorising individuals 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. The individual

	should update at least every 2 years on the use of doxycycline. Appropriate Continued Professional Development (CPD) must be maintained and made available on request. Compliance with all mandatory NHS training including safeguarding at the 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	• Uncomplicated genital, pharyngeal and/or rectal *Chlamydia trachomatis* infection • Uncomplicated *Mycoplasma genitalium* infection • Asymptomatic individuals presenting within 2 weeks of sexual contact with an individual with a confirmed diagnosis of any of the conditions detailed below **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 treatment. If there is any reason for concern, seek medical advice.**
Criteria for inclusion	• Consent given (refer to All Wales policy for consent to examination or treatment). In case of any doubt, contact medical team or gynaecologist. The individual should be informed they are being treated using a PGD. • Aged 13 years and over. 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) should have their risk for child sexual exploitation assessed using CSERQ 4/15 questionnaire • Individuals with a positive test for *Chlamydia trachomatis* infection in the genitals, rectum or pharynx. • Individuals with a positive test for *Mycoplasma genitalium* (without a clinical diagnosis of pelvic

	inflammatory disease (PID) in women) as initial treatment (prior to further antimicrobial therapy where *Mycoplasma genitalium* is known to be macrolide-sensitive or where resistance status is unknown: see BASHH guidance) • Asymptomatic individuals presenting within 2 weeks of sexual contact with an individual with a confirmed diagnosis of chlamydia or PID who are unwilling/unable to defer testing after the 2-week window period. • Medical and drug history taken, no reason for exclusion Along with professional judgement each assessment must include: • for adults, if safe to do so, the Routine Enquiry Client responses to these assessments will help practitioners assess if there are any significant risk factors for the client or others, and subsequently aid decision making regarding a safeguarding referral. • 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	• Consent not given and documented in the individual's clinical notes. • Individuals under 13 years of age. • Individuals under 16 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. • Individuals and contacts of individuals requiring treatment for non-gonococcal/non-specific urethritis • Individuals and contacts of individuals with a positive test for (lymphogranuloma venereum) LGV **Medical history** • Individuals with complicated *Mycobacterium genitalium* or complicated *Chlamydia trachomatis* infection such as epididymitis and/or testicular

	pain or a clinical diagnosis of proctitis or Pelvic Inflammatory Disease (PID) • Presence of concomitant conjunctivitis and/or joint pain/swelling • Individuals with suspected complicated lymphogranuloma venereum (LGV) infection (e.g. evidence of lymphadenopathy or proctocolitis). • Individuals who are systemically unwell • Inability to absorb oral medications and/or inability to swallow oral dosage formulations (i.e. capsules or tablets) • Currently breastfeeding • Known or suspected pregnancy • Known myasthenia gravis • Known Systemic Lupus Erythematosus (SLE) • Known oesophagitis or oesophageal ulceration • Known porphyria • Known or suspected hepatic impairment **Medication history** • Known allergy or hypersensitivity to doxycycline, any tetracycline or any of the components of the product - see Summary of Product Characteristics (SPC) on the EMC. **Acceptable sources of allergy information include individual /carer /parent /guardian /Welsh Clinical Portal or GP record** • Current long-term use of doxycycline or another tetracycline antibiotic (e.g. treatment of acne vulgaris, prophylaxis of malaria etc.) • Concurrent use of any interacting medicine as listed in Drug Interactions section of this PGD • Less than 3 days before receiving, or within 3 days after receiving, oral typhoid vaccine • Individuals unable to separate administration times of interacting medicines (e.g. oral aluminium/calcium/magnesium/iron/zinc/bismuth salts (including some over the counter preparations (e.g. antacids)), lanthanum, sucralfate and doxycycline by at least 2 hours) Refer to section actions to be taken if the individual is excluded or declines treatment.
Cautions including any relevant action to be taken	• If the individual is less than 16 years of age an assessment based on Fraser guidelines must be made and documented. • Discuss with appropriate medical/independent non-medical prescriber any medical condition or

	medication of which the healthcare professional is unsure or uncertain Check for any other medications that the individual is taking, including topical or inhaled products, food supplements and herbal or homeopathic products. (Refer to Interactions section, BNF and SPC) **Coumarin anticoagulants (e.g. warfarin, acenocoumarol, phenindione):** Caution should be exercised when supplying doxycycline to individuals taking coumarin anticoagulants: rises in INR reported. Individuals should be advised to have their INR monitored while on treatment with doxycycline and should be counselled re: seeking medical attention if any episode of bleeding develops while taking. **Excipients:** Caution should be exercised when supplying doxycycline capsules or dispersible tablets to individuals who should avoid the following excipients: • **Lactose, sucrose, fructose and sorbitol:** Individuals with rare hereditary problems of galactosaemia, galactose intolerance, total lactase deficiency, glucose-galactose malabsorption, sucrase-isomaltase deficiency, fructose-1,6-bisphosphatase deficiency (also known as hereditary fructose intolerance): check the individual list of excipients available in the SPC before supplying. • **Aspartame:** Individuals with phenylketonuria (PKU) must not use medicines containing aspartame. Check the individual list of excipients available in the SPC before supplying Where there are safeguarding concerns (Child Protection or Protection of Vulnerable Adults, POVA) advice from the local Safeguarding team should be sought. 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.

	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	• **Doxycycline post exposure prophylaxis (doxyPEP) users and chlamydia contacts:** o Asymptomatic doxyPEP users who are contacts of chlamydia and took doxyPEP within 72 hours of exposure - as per BASHH guidance o Asymptomatic doxyPEP users who are contacts of chlamydia and attending within 72 hours of exposure but have not yet taken doxyPEP, should consider taking a dose of doxyPEP instead of being offered standard epidemiological treatment - as per BASHH guidance • If the presenting individual is under 13 years of age the healthcare professional should speak to local safeguarding lead and follow the local safeguarding policy (note under 13 years of age excluded from treatment under this PGD). If a child is under 13 years of age and is known to have engaged in sexual activity this must be referred to Powys Children Service. The Wales Safeguarding Procedures must be followed: http://www.myguideapps.com/projects/wales_safeguarding_procedures/default/ • If declined ensure individual is aware of the need for treatment and the potential consequences of not receiving treatment. • Explain the reasons for exclusion to the individual and document in the consultation record. • Record reason for decline in the consultation record. • Consider if azithromycin can be used (see separate PGD 0173). • Refer individuals or contacts of individuals with confirmed LGV or non-gonococcal/non-specific urethritis to a prescriber • Where required refer the individual to a suitable health service provider if appropriate and/or provide them with information about further options.

Description of treatment

Name, form and strength of medicine	Doxycycline 50mg or 100mg capsules or 100mg dispersible tablets.
Legal category	POM
Route or method of administration	Orally, swallowed whole with plenty of water while sitting or standing and staying upright for at least 30 minutes after taking. If gastric irritation occurs, doxycycline can be taken with food or milk.
Off label use	**Temperature variations**: 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 administration under this PGD. The responsibility for the decision to release the affected drugs for use lies with pharmacy/Medicines Management. Where a medicine is recommended off-label consider, as part of the consent process, informing the individual/carer/parent/guardian that the medicine is being offered in accordance with national guidance but that this is outside the product license.
Dose and frequency of administration	100mg twice daily Individuals with a diagnosis of uncomplicated Mycoplasma genitalium infection to follow doxycycline course with specific antimicrobial therapy, where the organism is known to be

	macrolide-sensitive or where resistance status is unknown: see BASHH guidance.
Duration of treatment	7 days
Quantity to be supplied	Appropriately labelled pack of: 28 x 50mg capsules OR 14 x 100mg capsules OR 14 x 100mg dispersible tablets.
Storage	Stock must be securely stored according to organisation medicines policy MMP 001 and in conditions in line with the SmPC, which is available from the electronic Medicines Compendium website.
Drug interactions	Where it is known an individual is concurrently taking any of the following medicines, treatment should not be undertaken under this PGD and the individual referred to a prescriber: • Ciclosporin • Acitretin, alitretinoin, isotretinoin, tretinoin • Lithium • Enzyme inducing anti-epileptic medications (carbamazepine, fosphenytoin, phenobarbitone/phenobarbital, primidone, phenytoin) • Typhoid vaccine (oral): see Criteria for exclusion All concurrent medications should be reviewed for interactions. See BNF for all drugs that can interact with doxycycline. A detailed list of drug interactions is available in the SmPC, which is available from the electronic Medicines Compendium website. Seek advice from an appropriate prescriber if required.
Identification and management of adverse reactions	A detailed list of adverse reactions is available in the SmPC, which is available from the electronic Medicines Compendium website and the BNF The following side effects are listed in the product SPC or BNF as **common** with doxycycline (but may not reflect all reported side effects): • Diarrhoea • Hypersensitivity reactions

	• Headache • Nausea, vomiting • Photosensitivity skin reactions • Rash including maculopapular, erythematous rashes and Henoch-Schonlein purpura • Urticaria • Hypotension • Pericarditis • Tachycardia • Dyspnoea • Peripheral oedema Individuals should be informed about potential side effects including photosensitivity, headache, nausea, vomiting, dyspepsia and rash. **Photosensitivity reactions:** advise individuals to avoid exposure to direct sunlight or ultraviolet light (including sunbeds and sun lamps) while taking doxycycline. If exposure to sunlight is unavoidable, advise individuals to protect their skin by: • Wearing clothes that cover them up, • Wearing a hat and sunglasses, • Using a high factor (minimum SPF 30) sunscreen or sunblock. **Gastric irritation**: If individuals experience nausea or vomiting while taking doxycycline, advise them to take it with food or milk. Severe adverse reactions are rare, but anaphylaxis (delayed or immediate) has been reported and requires immediate medical treatment. Information on anaphylaxis can be found on the NHS website. In the event of a severe adverse reaction, the individual must be advised to stop treatment immediately and seek urgent medical advice.
Management of and reporting procedures for adverse reactions	• Healthcare professionals and individuals/carers/parents/guardians are encouraged to report suspected adverse reactions to the MHRA's Yellow Card Scheme • Record all adverse drug reactions (ADRs) in the individual's clinical record. • Report via Once for Wales Reporting System. • It is considered good practice to notify the individual's GP in the event of an adverse

	reaction.
Written or other information to be given to individual/carer/ parent/guardian	**Medication:** • Give patient information leaflet (PIL) provided with the original pack. • Explain mode of action, side effects, and benefits of the medicine. • Inform individual of possible side effects and their management (see Identification & management of adverse reactions for further information), including advice to swallow whole with plenty of water while sitting or standing and to stay upright for at least 30 minutes after taking. • Advise individual that if the individual experiences nausea or vomiting while taking doxycycline, they can take it with food or milk. • Advise individual to separate administration of antacids or preparations containing aluminium/calcium/magnesium/iron/zinc/bismuth salts (including some bought over the counter), lanthanum, sucralfate and doxycycline by at least 2 hours. ○ Note: consider medicines contained within a medicines compliance aid (MCA or "blister pack") and tailor advice (i.e. alerting individual which medicines to omit while on treatment) to individual on a case-by-case basis. • Advise individual to avoid exposure to direct sunlight or ultraviolet light (including sunbeds and sun lamps) while taking doxycycline. • Advise individual to seek medical advice in the event of an adverse reaction. • Advise individual to seek immediate medical attention (by calling 999 or going to A&E) if the individual develops signs or symptoms of sepsis as described on the NHS website. • Advise individual to return any unused medicines to a pharmacy for disposal: Do not dispose of medicines in the bin, down the sink or toilet. **Condition:** • Verbal and written information on *Chlamydia trachomatis/ Mycoplasma genitalium* • Discuss implications of incompletely treated/untreated infection of self or partner/s • Advise to abstain completely from sexual intercourse (even with condoms) including oral sex, during treatment, for seven days after treatment and for seven days after partner(s)

	treatment of *Chlamydia trachomatis.* Where not achievable advise on use of condoms. • Advise to abstain completely from sexual intercourse (even with condoms) including oral sex, until 14 days after the start of individuals' and partner(s) treatment of *Mycoplasma genitalium,* and until symptoms have resolved. Where not achievable advise on use of condoms. • Discuss risk of re-infection, and further transmission of infection, if after treatment sexual intercourse takes place with an untreated partner/s • Discuss partner notification and issue contact slips if appropriate • Offer condoms and advice on safer sex practices and possible need for screening for sexually transmitted infections (STIs) • Where treatment not supplied via a sexual health clinic ensure the individual has contact details of local sexual health services. • Give appropriate advice if medication is used off-label.
Individual advice/ follow up treatment	• The individual should be advised to seek medical advice in the event of an adverse reaction. • In individuals with a definite diagnosis of uncomplicated *Mycoplasma genitalium* infection where the doxycycline course is to be followed by a second antimicrobial (according to the resistance profile), the second antimicrobial course should be started within 2 weeks of completing the doxycycline course. If the 2nd antimicrobial course is not started within this timeframe the individual should be referred to a specialist practitioner. • Follow local protocol for Chlamydia follow-up and partner notification. • Individuals who have not had a full STI screen (or who did not have Chlamydia diagnosed in a sexual health clinic) should be advised to attend an appropriate service for a full STI screen. • Routine follow-up/test of cure (TOC) for uncomplicated Chlamydia following treatment with doxycycline is unnecessary, except in the following situations where local protocols should be followed: o Where poor compliance is suspected o Where symptoms persist o Rectal infections o Under 25 year olds

	○ Mycoplasma genitalium infection
Records to be kept	Appropriate records must be made according to local procedures and must include the following**:** • The consent of the individual and ○ If individual is under 13 years of age record action taken ○ If individual is under 16 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 • If individual not treated under PGD record action taken • Name of individual, address, date of birth • GP contact details where appropriate • Relevant past and present medical and sexual history, including medication history. • Examination or microbiology finding/s where relevant. • Any known allergies and nature of reaction • Name of registered health professional • Name of medication supplied • Date of supply • Dose supplied • Quantity supplied including batch number and expiry date in line with local procedures. • Advice given about the medication including side effects, benefits, and when and what to do if any concerns • Advice given, including advice given if excluded or declines treatment • Details of any adverse drug reactions and actions taken • Any referral arrangements made • Any supply outside the terms of the product marketing authorisation • Recorded that supplied via Patient Group Direction (PGD)- record PGD 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 (last accessed August 2025)

- Electronic Medicines Compendium
- Electronic BNF
- NICE Medicines practice guideline MPG2 -Patient Group Directions-Last Update 27 March 2017
- British Association for Sexual Health and HIV (BASHH) CEG September 2018 – Update on the treatment of *Chlamydia trachomatis* (CT) infection
- British Association for Sexual Health and HIV (BASHH) national guideline for the management of infection with *Mycoplasma genitalium*
- British Association for Sexual Health and HIV (BASHH) STI and Related Conditions in Children and Young People guidance
- Royal Pharmaceutical Society Safe and Secure Handling of Medicines December 2018

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 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**

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: **Role:**		Sign / Initial	Further training identified (Y/N) Specify in "comments"	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.