



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

This Patient Group Direction (PGD) must only be used by registered health 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 or administration of
Oral Metronidazole
by registered health professionals
for the treatment of **Bacterial Vaginosis (BV) or *Trichomonas Vaginalis* (TV)**
in Sexual Health departments
in Powys Teaching Health Board

Version number: PGD 0176C

Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys
Powys Teaching Health Board is the operational name of Powys Teaching Health Board

Change History

Version	Change details	Date
PGD 0176	New PGD, using national template	28/05/2021
PGD 0176A	Updated according to SPS template, TV treatment updated in line with updated BASHH guidance. Inclusion criteria amended as the service doesn't currently have access to point of care diagnostic testing. PGD amended to include administration of a 2g dose in clinic, if required. Targeted enquiry information updated.	08/11/2022
PGD 0176 B	Updated according to SPS template version 2.0: additional clarification regarding interacting medicines. Small formatting/wording changes to align with other SPS sexual health PGD templates.	01/07/2023
PGD 0176 C	Updated according to SPS template version 2.1: Updated PGD development group members. Cockayne syndrome added to exclusions. Statement added regarding risk of prolongation of QT interval with interacting drugs added to exclusions and reflected in interactions section. Format change to Appendix A.	08/11/2023

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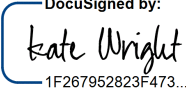
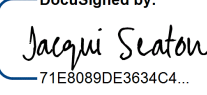
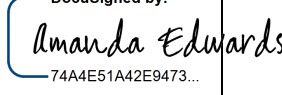

Expiry date: 30/06/2026

This Powys Teaching Health Board (PTHB) PGD is based on a template developed on behalf of the Specialist Pharmacy Service, which had been peer reviewed by the Sexual Health PGDs Short Life Working Group in accordance with their Terms of Reference. It had been approved by the British Association for Sexual Health and HIV (BASHH)/BASHH Bacterial Special Interest Group (BSIG) in February 2023.

Acknowledgements:

Name	Designation
Ali Grant	Highly Specialist Clinical Pharmacist: HIV, Sexual and Reproductive Health
Alison Crompton	Community pharmacy
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Clare Livingstone	Royal College of Midwives
Deborah Redknapp	English HIV and Sexual Health Commissioners Group (EHSHCG)
Dipti Patel	Local authority pharmacist
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Portia Jackson	Pharmacist, Cambridgeshire Community Services
Sally Hogan	British Pregnancy Advisory Service (BPAS)
Sandra Wolper	Associate Director, Medicines Use and Safety, Specialist Pharmacy Service
Tracy Rogers	Director, 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	 1F267952823F473...	11/27/2023
Chief Pharmacist Jacqui Seaton	Chief Pharmacist for PTHB	 71E8089DE3634C4...	11/9/2023
Clinical Governance Lead Amanda Edwards	Clinical Governance Lead for PTHB- Assistant Director for Innovation and Improvement	 74A4E51A42E9473...	11/29/2023
Senior Representative of Professional Group using the PGD Claire Roche	Executive Director of Nursing and Midwifery for PTHB	 FC9C4C63FC374A7...	11/20/2023

[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.

1. Characteristics of staff

<p>Qualifications and professional registration</p>	<p>Current contract of employment within Powys Teaching Health Board.</p> <p>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 with the following body:</p> <ul style="list-style-type: none"> • Nurses and midwives currently registered with the Nursing and Midwifery Council (NMC) and providing Sexual Health Services <p>The practitioners above must also fulfil the training and Additional requirements detailed below. Check Appendix A – Staff Accredited to use this Patient Group Direction</p>
<p>Initial training</p>	<p>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 patient leading to diagnosis of the conditions listed.</p> <p>Recommended requirement for training would be successful completion of a relevant sexual health module/course accredited or endorsed by the BASHH, RCN or a university or as advised in the RCN Sexual Health Education directory.</p> <p>Individual has undertaken appropriate training for working under PGDs for the supply and administration of medicines. Recommended training is Patient Group Directions elearning- PTHB staff to access via ESR; may alternatively be accessed via eLfh PGD elearning programme.</p> <p>The healthcare professional must have completed locally required training (including updates) in:</p> <ul style="list-style-type: none"> • Safeguarding children and vulnerable adults. • The supply/administration of metronidazole 200 mg and 400 mg tablets or oral solution 200mg/5ml and knowledge of its uses, contraindications and adverse effects. Must be familiar with the product(s) and alert to changes in the BNF and Summary of Product Characteristics.

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	<ul style="list-style-type: none"> • The recognition, management and reporting of adverse drug reactions, including anaphylaxis. Must be competent in the administration of adrenaline and have up to date Basic Life Support skills <p>Additionally, practitioners:</p> <ul style="list-style-type: none"> • must have access to the Patient Group Direction and associated online resources <p>THE PRACTITIONER MUST BE AUTHORISED BY NAME, AS AN APPROVED PRACTITIONER, UNDER THE CURRENT VERSION OF THIS PGD BEFORE WORKING ACCORDING TO IT</p>
Competency assessment	<ul style="list-style-type: none"> • Individuals operating under this PGD must be assessed as competent (see Appendix A) or complete a self-declaration of competence for Bacterial Vaginosis (BV) or <i>Trichomonas Vaginalis</i> (TV) infection testing and/or treatment • Staff operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions • Successful completion of a relevant sexual health module/course accredited or endorsed by the BASHH, RCN or a university or as advised in the RCN Sexual Health Education directory • Level 3 safeguarding passport • Practitioners must make a self-declaration of competency in their Personal Appraisal and Development Review (PADR) • Evidence of ongoing PGD training to be submitted to Line Manager annually • Practitioners must be competent, recognise their own limitations and personal accountability and act accordingly

<p>Ongoing training and competency</p>	<ul style="list-style-type: none"> • 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. • Updating at least every 2 years on the use of PGDs and the supply or administration of metronidazole. • Practitioners must ensure they are up to date with relevant issues and clinical skills and management of anaphylaxis, Basic Life Support Skills, with evidence of appropriate Continued Professional Development (CPD). • Compliance with all mandatory NHS training. <p>It is the responsibility of the healthcare professional to maintain their own competency to practice within this PGD.</p>
<p>The decision to supply or administer any medication rests with the individual registered health professional who must abide by the PGD and any associated organisational policies.</p>	

2. Clinical condition or situation to which this PGD applies

<p>Clinical condition or situation to which this PGD applies</p>	<ul style="list-style-type: none"> • Bacterial vaginosis (BV) • <i>Trichomonas vaginalis</i> (TV) <p>It is the responsibility of the administering/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.</p>
<p>Criteria for inclusion</p>	<ul style="list-style-type: none"> • Any individual with clinical signs suggestive of BV or TV • Sexual contacts of individuals diagnosed or suspected TV – do not wait for test results to treat. • Individuals treated for TV who have had sexual intercourse within 7 days of receiving treatment.

	<ul style="list-style-type: none"> • Patient identified following STI Screen in Primary Care, Test & Post STI Self -sampling screening service and/or Level 2 nurse-led Sexual Health Service • Medical and drug history taken, no reason for exclusion • Informed consent, from the individual or a person legally able to act on the person's behalf, must be obtained prior to supply/administration. <p>NB Refer to All Wales Consent to Treatment and Examination Policy</p> <p>Along with professional judgement each assessment must include:</p> <ul style="list-style-type: none"> • for all individuals under the age of 19 years - completion of the CSERQ4/15 questionnaire • Client responses to the targeted enquiry (Ask and Act) may highlight risk factors, which will indicate that the practitioner should complete the Safe Lives Risk Identification Checklist (DASH RIC). This will subsequently aid decision making regarding safeguarding and MARAC referrals. <p>Advice can be sought from PTHB Safeguarding Team</p> <p>It is the responsibility of the supplying or administering nurse or midwife to ensure that the patient 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.</p>
<p>Criteria for exclusion</p>	<p>Individuals for whom valid consent, or 'best-interests' decision, in accordance with the Mental Capacity Act 2005, has not been obtained or received. Refer to sections "Action to be taken if the individual is excluded or declines treatment".</p> <p>Personal Characteristics</p> <ul style="list-style-type: none"> • Individuals under 13 years of age <ul style="list-style-type: none"> ○ 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/

	<p>Advice can be sought from PTHB Safeguarding Team</p> <ul style="list-style-type: none"> • Individuals under 16 years of age and assessed as not competent using Fraser Guidelines • Individuals 16 years of age and over and assessed as not competent to consent using local safeguarding guidelines <p>Medical history</p> <ul style="list-style-type: none"> • Two or more treated episodes of BV in the past 6 months without confirmation of diagnosis by microscopy • TV – positive test of cure where reinfection and non-concordance has been excluded • Pelvic pain/suspected pelvic inflammatory disease (PID) • Known moderate to severe hepatic impairment • Porphyria • Alcohol dependence or with general alcohol consumption, a refusal to cease from drinking alcohol during treatment and 48 hours after completion. • Cockayne syndrome <p>Medication history</p> <ul style="list-style-type: none"> • Any concurrent interacting medicine(s)- see Drug Interactions section • Concomitant use of another medication known to cause QT prolongation (e.g. haloperidol, sotalol, terfenadine, pimozide) (For further information recommended resources include: CredibleMeds; registration required, or Sudden arrhythmic death syndrome (SADS) - Drugs to avoid) • Known allergy/hypersensitivity to metronidazole or tinidazole or any of the constituents found within the medication.
<p>Cautions including any relevant action to be taken</p>	<ul style="list-style-type: none"> • The 2g single dose should not be given if the individual is pregnant - use alternative regimen as detailed in dosage section below • If used by an individual who is breast feeding the single 2g dose of metronidazole is considered to be compatible with breastfeeding • Individuals prescribed warfarin should be advised that concomitant use of metronidazole may affect their INR levels and more frequent INR monitoring may be advised – individuals should be advised to contact the anticoagulant service

	<p>monitoring their treatment to seek advice on monitoring requirements</p> <ul style="list-style-type: none"> • If the individual is less than 16 years of age an assessment based on Fraser guidelines must be made and documented • 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) • Discuss with appropriate medical/independent non-medical prescriber any medical condition or medication of which the healthcare professional is unsure or uncertain <p>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.</p> <p>Any safeguarding concerns need to be directed to Safeguarding Hub:</p> <ul style="list-style-type: none"> • To generic email address: PowysTHB.Safeguarding@wales.nhs.uk <p>And</p> <ul style="list-style-type: none"> • Central Safeguarding number: 01686 252806 • Out of hours: 0345 0544847 <p>Advice can also be sought from local Safeguarding leads.</p>
<p>Action to be taken if the individual is excluded or declines treatment</p>	<ul style="list-style-type: none"> • If declined ensure individual is aware of the need for treatment and the potential consequences of not receiving treatment. • Record reason for decline in the consultation record. • Explain the reasons for exclusion to the individual and document in the consultation record. • Where required refer the individual to a suitable health service provider (GP or level 3 Sexual Health services) if appropriate and/or provide them with information about further options. Contact GP for advice.

	<ul style="list-style-type: none"> • Refer to GP or level 3 Sexual Health services in the presence of symptoms such as pelvic pain during vaginal sex. • The child protection team must be contacted for children under 13 years old who present having had sexual intercourse. Refer to safeguarding.
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3. Description of treatment

Name, strength & formulation of drug	Metronidazole 200 mg or 400 mg tablets or oral solution (200mg/5ml)
Legal category	POM
Route of administration	Oral
Off label use	<p>Best practice advice is given by BASHH and is used as the reference guidance in this PGD and may vary from the Summary of Product Characteristics (SPC).</p> <p>Individuals who are pregnant – SPC does not recommend use in first trimester of pregnancy however BASHH guidelines states that meta-analysis have concluded that there is no evidence of teratogenicity (malformation of the embryo) from the use of metronidazole during the first trimester of pregnancy. See Best Use of Medicines in Pregnancy for further advice.</p> <p>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 Medicines Management team must be consulted. Where medicines have been assessed by 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 drugs for use lies with Medicines Management.</p> <p>Where a medicine 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.</p>

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<p>Dose and frequency of administration</p>	<p>Individuals with BV:</p> <ul style="list-style-type: none"> Administration of a single 2g dose (e.g. 5 x 400mg tablets all at once) (not in pregnant individuals- Individuals should be asked to take a pregnancy test if required) (not if patient has consumed alcohol that day); swallow whole, with a full glass of water, take with or just after food or 400mg to be taken twice a day for 7 days <p>Individuals with TV:</p> <ul style="list-style-type: none"> First line - 400mg to be taken twice daily for 7 days Second line (individuals unlikely to adhere with 7 day regime but who are not pregnant- Individuals should be asked to take a pregnancy test if required) (not if patient has consumed alcohol that day) – administration of a single 2g dose (e.g. 5 x 400mg tablets all at once) swallow whole, with a full glass of water, take with or just after food <p>Women living with HIV diagnosed with TV:</p> <ul style="list-style-type: none"> 400mg to be taken twice a day for 7 days
<p>Quantity to be supplied/ administered</p>	<ul style="list-style-type: none"> Single 2g dose to be administered in clinic (5 x 400mg tablets or 10 x 200mg tablets or 50ml of 200mg/5ml liquid) <p>OR</p> <ul style="list-style-type: none"> Seven-day course: appropriately labelled pack of 14 x 400mg tablets or 28 x 200mg tablets or 2x100ml bottles of 200mg/5ml liquid
<p>Storage</p>	<p>Medicines must be stored securely according to national guidelines and in accordance with the product SPC.</p>
<p>Drug interactions</p>	<p>All concurrent medications should be reviewed for interactions. A detailed list of all drug interactions is available in the BNF or the product SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk. Seek advice from an appropriate clinician/Medicines Advisory Service if required.</p>

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	<p>Individuals concurrently prescribed the following medications are excluded from treatment under this PGD and must be referred to an appropriate prescriber:</p> <ul style="list-style-type: none"> ○ 5 fluorouracil ○ ciclosporin ○ busulfan ○ lithium ○ phenobarbital ○ phenytoin ○ Concomitant use of another medication known to cause QT prolongation (e.g. haloperidol, sotalol, terfenadine, pimozone) (For further information recommended resources include: CredibleMeds; registration required, or Sudden arrhythmic death syndrome (SADS) - Drugs to avoid)
<p>Identification & management of adverse reactions</p>	<p>A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk and BNF.</p> <p>The following side effects are frequently reported with metronidazole but do not reflect all reported side effects:</p> <ul style="list-style-type: none"> • nausea • vomiting • gastrointestinal disturbance • diarrhoea • abdominal pain • an unpleasant taste in the mouth may occur which will continue throughout the duration of treatment but will resolve once treatment finishes <p>In case of an acute anaphylactic reaction occurring, adequate treatment provision must be available for immediate use:</p> <p>Anaphylaxis and resuscitation equipment including adrenaline (1 in 1000) injection and a working telephone must be available for immediate use.</p> <p>In case of anaphylaxis:-</p> <ul style="list-style-type: none"> • Refer to adrenaline (epinephrine) PGD and anaphylaxis policy <ul style="list-style-type: none"> • Request medical assistance urgently. If the GP is not immediately available dial 999 to transfer to A&E

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	<ul style="list-style-type: none"> • Ensure reaction is fully documented in patient notes • Ensure all patient records are marked ALLERGIC TO METRONIDAZOLE. • The patient may be advised to wear a MedicAlert or similar device to alert other healthcare providers
<p>Reporting procedure for adverse reactions</p>	<ul style="list-style-type: none"> • Healthcare professionals and patients/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: http://yellowcard.mhra.gov.uk or search for MHRA Yellow Card in the Google Play or Apple App Store. 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 at the back of the BNF, or using the above link. • Record all adverse drug reactions (ADRs) in the patient's medical record and the individual's GP should be informed. • All significant adverse drug reactions should be reported via the Once for Wales Reporting System.
<p>Written information and further advice to be given to individual</p>	<p>Medication:</p> <ul style="list-style-type: none"> • Give patient information leaflet (PIL) provided with the original pack. Explain mode of action, side effects, and benefits of the medicine • Draw patient's or representative's attention to the label where applicable. Give appropriate advice if medication is used off-label • Advise that no alcohol should be taken for the duration of the treatment and for 48 hours after the course has been completed • If supplying, advise to swallow the tablets whole with plenty of water and to take with or after food • If adverse reaction to treatment occurs advise individual to contact clinic for further advice • Individuals who are breast feeding should be advised that metronidazole can cause breast milk to have a bitter taste which may cause some difficulties with feeding • Seek advice from a pharmacist/nurse or doctor if any new medications are prescribed or started

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during the metronidazole course including those medications purchased over the counter.

Condition (general):

- Individuals diagnosed with BV/TV should be offered information (verbal, written and/or digital) about their diagnosis and management. See [NHS 111 Wales – Health A-Z: Bacterial Vaginosis](#) and [NHS 111 Wales Health A-Z: Trichomoniasis](#)
- Offer condoms and advice on safer sex practices and offer the options for screening for sexually transmitted infections (STIs). See [Sexual Health Wales](#) website for further advice.
- Where treatment not supplied/administered via a sexual health clinic ensure the individual has contact details of local sexual health services.

Condition (specific):

• **Bacterial vaginosis**

- If symptoms persist/worsen advise individual to contact clinic
- Avoid local excessive washing, bubble baths, soaps, douching - advise use of emollient as a soap substitute
- BV is not an STI
- No screening or treatment of partner(s) is required
- Give general advice including information about possible triggers for BV
- Advise that regular condom use may reduce the frequency of BV recurrence

• ***Trichomonas vaginalis***

- TV is an STI
- Screening and treatment of partner(s) is required
- Abstain completely from sexual intercourse (even with condom) including oral sex, for 7 days and for 7 days after partner(s) treated, and follow up is complete
- Warn of risk of re-infection and further transmission of infection, if sexual intercourse takes place within 7 days of treatment starting or with an untreated partner
- Discuss partner notification and issue contact slips if appropriate
- Discuss implications of incomplete

	treatment
Follow up treatment	<ul style="list-style-type: none"> • 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, NHS 111 Wales, or emergency on-call service. • Follow local protocol for follow up and partner notification • Individuals with Trichomonas Vaginalis (TV): should be advised to re-attend a sexual health clinic (face to face or remotely) 4 weeks following treatment for: <ul style="list-style-type: none"> ○ test of cure only if symptoms persist ○ confirmation of compliance with treatment ○ retaking the sexual history to explore the possibility of re-infection ○ pursuing partner notification and health promotion
Records	<p>Record consultation details as required by local procedures. In addition, record:</p> <ul style="list-style-type: none"> • The consent of the individual and <ul style="list-style-type: none"> ○ 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, nature of reaction and previous adverse events • Name and signature of registered health professional • Name, form and strength of medication supplied or administered • Date and time of supply or administration • Dose, route and frequency of medication supplied or administered • Quantity supplied or administered including expiry date in line with local procedures

	<ul style="list-style-type: none">• Any reasons for exclusion or referral, including actions taken• Advice given, including advice given if excluded or declines treatment and any advice received from medical cover• 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• Any supply or administration outside the terms of the product marketing authorisation• Recorded that supplied or administered via Patient Group Direction (PGD), record PGD title and version number <p>Records should be signed and dated (or a password controlled e-records) and securely kept for a defined period in line with local policy.</p> <p>All records should be clear, legible and contemporaneous.</p> <p>A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.</p>
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4. Key references

<p>Key references (accessed January 2023, September 2023)</p>	<ul style="list-style-type: none"> • Electronic Medicines Compendium http://www.medicines.org.uk/ • Electronic BNF https://bnf.nice.org.uk/ • NICE Medicines practice guideline "Patient Group Directions" https://www.nice.org.uk/guidance/mpg2 • British Association for Sexual Health and HIV (BASHH) (2021) Guidelines- Trichomonas Vaginalis https://www.bashhguidelines.org/media/1310/tv-2021.pdf • British Association for Sexual Health and HIV (BASHH) (2019) Guidelines – Bacterial Vaginosis https://www.bashhguidelines.org/current-guidelines/vaginal-discharge/bacterial-vaginosis-2012/ • NICE Clinical Knowledge Summaries - https://cks.nice.org.uk • Royal Pharmaceutical Society Safe and Secure Handling of Medicines December 2018 https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines • Metronidazole – is it safe to use with breastfeeding? https://www.sps.nhs.uk/articles/metronidazole-is-it-safe-to-use-with-breastfeeding/ • Specialist Pharmacy Service (SPS) Identifying risk factors for developing a long QT interval https://www.sps.nhs.uk/articles/identifying-risk-factors-for-developing-a-long-qt-interval/#:~:text=QT
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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 may wish to 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 health professional	Signature of 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 and a copy must be sent to the Medicines Management Team, PTHB, Bronllys Hospital, Powys LD3 0LU for audit purposes.

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

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(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, to the staff member, and to medicines management department (info.medicinesmanagement.powys@wales.nhs.uk), 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.