This Patient Group Direction (PGD) must only be used by registered healthcare professionals who have been named and authorised by their organisation to practise under it. The most recent and in date final signed version of the PGD should be used.

PATIENT GROUP DIRECTION (PGD)

For the insertion of Etonogestrel (e.g. Nexplanon®) 68mg subdermal implant for contraception in BPAS Clinics.

Version Number 3.1

Change History	
Version and Date	Change Details
Version 1 October 2020	New template
Version 1.1 November 2020	Addition of acute porphyria to exclusion criteria *Version 1.1 not adopted by BPAS as clients with porphyria already excluded from treatment at BPAS.*
Version 1.2 June 2021	Special considerations – addition of the following wording: *Other possible complications of insertion and removal procedures include local reaction, nerve damage, and deep or intramuscular insertion.* *Version 1.2 authorised for use in BPAS 21/12/2022.*
Version 1.2 May 2023	Expiry date extended to full 3 year term from original authorisation of PGD in November 2020.
Version 2.0 May 2023	Updated template (no clinical changes to expired V1). Updated adverse effects and references. Removed statement relating to Covid-19. Minor changes to some wording and formatting. Aligned content with other PGDs for same or associated medicine / group. Updated PGD development group members.
Version 2.0 January 2024	PGD expiry date changed from 31/10/2026 to 31/08/2026 to align with SPS PGD template expiry. No other changes to PGD content. Version number unchanged.
Version 2.1 June 2024	Added note re low risk of breast cancer. Updated references. Updated SLWG. Special considerations section brought in line with SPS template Added “current contract of employment with BPAS” to staff authorised.
Version 3.0 April 2026	Planned end-of-life review (no clinical changes from expired version 2.1). Updated references to FSRH to CoSRH. Updated references. Updated SLWG membership. Qualifications and training sections updated for consistency with other BPAS PGDs.
Version 3.1 June 2026	Duration of use amended to 5 years in line with updated SPC and CoSRH statement.

N.B. Review and update may occur prior to this period if national guidance changes or legal or clinical issues arise.

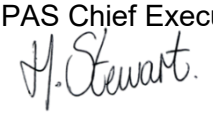
BPAS PGD Organisational Authorisations:

This PGD is not legally valid until it has had the relevant organisational authorisations below.

Name	Job title and organisation	Signature	Date
Penny Cole	BPAS Deputy Chief of Nursing and Midwifery		19/06/2026
Ingrid Granne	BPAS Chief Medical Officer		22/06/2026
Kalpesh Thakrar	BPAS Deputy Chief Pharmacist		15/06/2026

Authorising Body:

Dr Fiona Lemmens	Executive Clinical Director, Cheshire and Merseyside ICB		15/07/2026

Responsible person who has approved this PGD on behalf of BPAS	Name: Heidi Stewart Position: BPAS Chief Executive Signature:  Date: 22nd June 2026

Glossary	
BPAS	British Pregnancy Advisory Service
BLS	Basic life support
BNF	British National Formulary
CoSRH	College of Sexual and Reproductive Health
IUC	Intrauterine contraception
MHRA	Medicines Health Regulatory Agency
NICE	National Institute for Health and Care Excellence
NMC	Nursing and Midwifery Council
SmPC	Summary of medicinal product characteristics

PGD DEVELOPMENT GROUP

Date PGD template comes into effect:	1st September 2026
Review date	1st March 2029
Expiry date:	31st August 2029

This PGD template has been peer reviewed by the Reproductive Health PGDs Short Life Working Group (SLWG) in accordance with their Terms of Reference. It has been approved by the College of Sexual and Reproductive Healthcare (CoSRH) in April 2026.

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, protocol and written instructions templates webpage.

Name	Designation
Alison Crompton	Community pharmacist
Bola Sotubo	NHS North East London ICB pharmacist
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	Senior Policy Lead – Clinical Strategy, Pharmacy, NHS England
Lisa Knight	Community Health Services pharmacist
Michelle Jenkins	Clinical Nurse Specialist Sexual Health Blackpool Teaching Hospitals, and member of Courses and CPD Committee, College of Sexual and Reproductive Healthcare (CoSRH)
Portia Jackson	Lead Pharmacist iCaSH, Cambridgeshire Community Services
Rachel Logan	Senior Pharmacist, BPAS
Tanya Lane	CoSRH Registered Trainer MSI Reproductive Choices
Jo Jenkins	Associate Director Medicines Governance, Medicines Use and Safety, Specialist Pharmacy Service
Kieran Reynolds	Advanced Specialist Pharmacist - Medicines Governance, Specialist Pharmacy Service
Rosie Furner (Working Group Co-Ordinator)	Advanced Specialist Pharmacist - Medicines Governance, Specialist Pharmacy Service

Sandra Wolper	Out of Hospital Care Lead, Medicines Use and Safety, Specialist Pharmacy Service

Characteristics of staff authorised to use this PGD:	
Qualifications and professional registration	Current contract of employment with BPAS. Registered healthcare professional (HCP) listed in The Human Medicines Regulation 2012, Schedule 16 Part 4 legislation as able to practice under Patient Group Directions.
Initial training	The registered HCP authorised to operate under this PGD must have undertaken appropriate education and training and successfully completed the competencies to undertake clinical assessment of patients ensuring safe provision of the medicines listed in accordance with local policy. • Must be familiar with the medicine and observant to changes in the BNF and Summary of Product Characteristics (SmPC) • Pharmacological knowledge relating to the administration of the medicine, its uses, contraindications, dosage and adverse effects including tailored dosing schedules. • Must have completed CoSRH 'Essential Contraception for Abortion Care Providers' training or equivalent. Essential Contraception for Abortion Care Providers | CoSRH • Must have completed BPAS in-house contraception training https://bpas.kallidus-suite.com/learn/ • Individual must have completed BPAS Essentials of Contraception interactive session • Must be competent in the administration of adrenaline for anaphylaxis and have up to date Basic Life Support (BLS) skills as a minimum Recommended requirement for training would be successful completion of a relevant contraception module/course accredited or endorsed by the CoSRH, CPPE or a university or as advised in the RCN training directory. In addition, completion of the CoSRH Letter of Competence (LOC) in Subdermal implants (LOC SDI-IR/LOC SDI-IO) or locally agreed additional training and been assessed as competent at the insertion and removal, if applicable of the subdermal implant. Individuals working under this PGD will be required to administer local anaesthesia in line with the BPAS PGD for lidocaine administration. The healthcare professional must keep up to date with current CoSRH guidance on the insertion site, including any relevant MHRA Drug Safety Updates. Individual has undertaken appropriate training for working under PGDs for the supply and administration of medicines: • Recommended training - eLfH PGD elearning programme • Must have completed BPAS in-house PGD training package https://bpas.kallidus-suite.com/learn/ Must have completed required BPAS training (including updates) in safeguarding children and vulnerable adults in line with BPAS policy: BPAS Safeguarding Adults at Risk policy. BPAS Safeguarding Children and Young People policy.

Competency Assessment	Individuals operating under this PGD must be assessed as competent (see appendix A) or complete a self-declaration of competence for etonogestrel implant insertion/removal. Practitioners working under this PGD are required to review their own competency using the NICE Competency Framework for Health Professionals using Patient Group Directions
Ongoing training and competency	Registered HCPs operating under this PGD are personally responsible for ensuring they remain up to date with the use of the medicine included in the PGD - if any training needs are identified these should be discussed with the senior individual responsible for authorising staff to act under the PGD and further training provided as required. • Practitioners must complete 3-yearly BPAS PGD Theory Refresher training and competency assessment as per BPAS PGD policy Patient Group Directions (PGDs) and Other Legal Mechanisms for Supply of Medicines • Practitioners must ensure they remain up to date with relevant clinical skills, management of anaphylaxis, BLS (as a minimum), with evidence of continued professional development • Practitioners are responsible for maintaining their competency to work under this PGD
The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisational policy.	

Clinical condition or situation to which this PGD applies:	
Clinical condition or situation to which this PGD applies	Contraception
Criteria for inclusion	• Individual (age from menarche to 55 years) presenting for contraception and who has no contraindications • Where appropriate individuals requiring insertion of this subdermal contraceptive implant should also meet the inclusion criteria of the lidocaine 1% PGD (see PGD for lidocaine) • Informed consent given

Criteria for exclusion	• Informed consent not given.
	• Individuals under 16 years of age and assessed as not competent using Fraser Guidelines.
	• Individuals 16 years of age and over and assessed as lacking capacity to consent.
	• Known hypersensitivity to an active ingredient or to any constituent of the product - see Summary of Product Characteristics (SmPC)
	• Established pregnancy. Note:
	  ○ Risk of pregnancy with a negative pregnancy test is not an absolute exclusion.
	  ○ A pregnancy test may be positive in the immediate post-abortion period even if the abortion is complete
	• Unexplained vaginal bleeding (suspicious of serious condition) before evaluation

	• Acute porphyria **Cardiovascular Disease** • Current or past history of ischaemic heart disease, vascular disease, stroke or transient ischaemic first attack only if these events first occurred during use of the etonogestrel implant. **Cancers** • Current or past history of breast cancer. • Benign liver tumour (hepatocellular adenoma). **Gastro-intestinal conditions** • Severe decompensated cirrhosis. • Malignant liver tumour (hepatocellular carcinoma). **Interacting medicines** • Individuals using enzyme-inducing drugs/herbal products or within 28 days of stopping them. See Interactions section.
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. • If the individual is less than 13 years of age, the healthcare professional should speak to local safeguarding lead and refer to the BPAS Safeguarding and Management of Clients Aged under 18 policy. • If the individual is taking any anticoagulant therapy, an experienced clinician should perform the procedure due to the risk of bleeding and a pressure bandage should be applied after insertion. See CoSRH guidance - Management of women taking anticoagulants or antiplatelet medications who request intrauterine contraception or subdermal implants (2017) for information about timing the insertion in relation to the anticoagulant dose • Discuss with appropriate medical/independent non-medical prescriber any medical condition or medication of which the healthcare professional is unsure or uncertain.
Action to be taken if the individual is excluded or declines treatment	• Explain the reasons for exclusion to the individual and document in the consultation record. • Record reason for decline in the consultation record. • 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, strength and formulation medicine	Etonogestrel 68 mg subdermal implant
Legal category	POM
Route or method of administration	Superficial subdermal implant inserted, preferably into non-dominant arm, under aseptic conditions following administration of local anaesthetic, where appropriate (see PGD for lidocaine 1% injection). Manufacturer (SmPC) and current MHRA guidance must be followed.
Off label use	Best practice advice is given by the CoSRH and is used for guidance in this PGD and may vary from the Summary of Product Characteristics (SmPC). This PGD includes the following unlicensed use(s): • Insertion in individuals over 40 years of age

	• Insertion in individuals under 18 years of age • Active venous thromboembolic disorder • The implant may be inserted or reinserted at any time as a quick start method if it is reasonably certain that the individual is not pregnant. Additional contraception is then required for 7 days after insertion. • The implant may be inserted immediately post-partum and after 2nd trimester abortion or miscarriage. • The implant may be inserted at any time after mifepristone administration at medical abortion or at any stage in a surgical abortion process. Medicines should be stored according to the conditions detailed in the storage section below. 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 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 medicines for use lies with pharmacy/Medicines Management. Where a medicine is recommended off-label consider, as part of the consent process, informing the individual that the medicine is being offered in accordance with national guidance but that this is outside the product licence.

Dose and frequency of administration	• Insert or change implant every 5 years. Implants should be removed once expired and/ or prior to inserting a new implant.
	• Insert between day 1-5 of the menstrual cycle with no need for additional precautions
	• The implant may be inserted or reinserted at any time as quick start if it is reasonably certain that the individual is not pregnant. Additional contraception is then required for 7 days after insertion
	• If the individual has an implant in situ which has been in place for under 5 years the implant can be removed and replaced immediately.
	• If the individual has an implant in situ which has been in place for over 5 the implant can be removed and replaced immediately.
	  ○ If UPSI has occurred within the last 21 days, a pregnancy test should be performed. If negative, replace the implant and advise additional contraception (condoms) for 7 days after insertion with a repeat pregnancy test after 3 weeks.
	  ○ If UPSI has occurred 21 days or more previously, a pregnancy test should be performed. If negative, replace the implant and advise additional contraception (condoms) for 7 days after insertion. No follow-up pregnancy test required after 3 weeks.
	
	• If inserting the implant after levonorgestrel emergency contraception, a barrier contraception is required for 7 days.
	• After the use of ulipristal acetate emergency contraception the implant should not be inserted for five days. A barrier contraceptive should then be used for a further 7 days.
	• A pregnancy test is advised three weeks after any oral emergency contraception - see CoSRH guidance - Emergency Contraception
	• For guidance on changing from one contraceptive method to another, and when to start after an abortion, miscarriage and post-partum refer to CoSRH Clinical Guideline: Contraception after Pregnancy.

	* Note: a pregnancy test may be positive in the immediate post-abortion period even if the abortion is complete
Duration of treatment	• Each implant is effective for five years. • Repeat implants can be inserted for as long as the individual requires the implant and has no contraindications to its use.
Special considerations	There have been rare reports of local and distant intravascular migration of Nexplanon® implants. An implant that cannot be palpated at the insertion site should be located as soon as possible; if unable to locate implant within the arm, the MHRA recommends using chest imaging. Refer individual with suspected migration as required. Correct subdermal insertion reduces the risk of these events. Insertion or removal of the implant may cause some bruising, including haematoma in some cases, slight local irritation, pain or itching. Other possible complications include nerve damage, and deep or intramuscular insertion. Insertion of the implant may cause vasovagal reactions (such as hypotension, dizziness, or syncope).
Storage	Medicines must be stored securely according to national guidelines, in line with the BPAS Medicines Management policy Medicines Management Policy and in accordance with the Summary of Product Characteristics (SmPC) which can be accessed on the EMC website
Drug interactions	Individuals using enzyme-inducing drugs/herbal products or within 28 days of stopping them are excluded from this PGD. Refer to CoSRH CEU Guidance: Drug Interactions with Hormonal Contraception (May 2022) | CoSRH for further detail. All concurrent medications, including those purchased should be considered for interactions. A detailed list of drug interactions is available in the Summary of Product Characteristics (SmPC) which can be accessed on the EMC website, the online BNF and CoSRH CEU Guidance: Drug Interactions with Hormonal Contraception (May 2022) | CoSRH 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
	
	The implant is generally well tolerated. The main reported side effects include:
	Common
	• Irregular, unpredictable bleeding which includes:
	  ○ Amenorrhoea
	  ○ Frequent or prolonged bleeding
	• Headache
	• Acne
	• Breast tenderness and pain
	Less common
	• Mood changes
	• Reduced libido

	• Nausea • Fluid retention • Some local scarring If overdose or severe adverse reaction suspected manage following management of abortion related complications policy. If necessary, seek appropriate emergency medical advice and assistance.
Additional facilities and supplies	• Access to working telephone • Suitable waste disposal facilities • Immediate access to in-date anaphylaxis kit (IM adrenaline 1:1000)
Management and reporting procedure for adverse reactions	• Healthcare professionals and individuals/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 • Record all adverse drug reactions (ADRs) in the individual's clinical record. • Report via organisation incident policy. Inphase
Written information and further advice to be given to the individual or carer	• Ensure access to product information prior to insertion or supply of the medicine and especially discuss the side effects and how to report. • Provide Manufacturer's Patient Information Leaflet (PIL). • Explain mode of action, side effects, and benefits of the medicine. • Advise that limited evidence suggests no increased risk of venous or arterial thromboembolic events associated with use of the implant. • Advise on need for additional barrier method and pregnancy test as appropriate. • How to care for the insertion site and advise to return (or where to seek advice) if concerns about insertion site • Advise that a change in bleeding pattern is likely and provide clear, accessible information about possible bleeding patterns and advise how to access support for management of problematic bleeding and advise to return (or where to seek advice) if they are concerned or if irregular bleeding persists. • Individuals should be advised that intravascular insertion and distant migration are rare complications of the implant insertion procedure. Advise individual to return (or where to seek advice) if unable to palpate implant, it changes shape or individual develops pain around the site. • 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 • Give information on who to contact in the event of an adverse reaction or concerns. • Provide verbal and written information on the implant.
Advice/ Follow-up treatment	Advise individual: • How long the implant lasts for – when they need to arrange for removal and replacement. • To return to clinic (or where to seek advice) if they have any concerns.

Records to be kept	The following must be recorded in the patient records in line with the BPAS' Record Keeping policy Record Keeping, using black ink if written:
	• 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

	• GP contact details where appropriate • Attendance date • Reason for attendance • Relevant past and present medical and family history, including drug history • Any known allergy • Relevant examination findings • Inclusion or exclusion from PGD • Advice given about the implant including side effects, benefits, and when and what to do if any concerns • Details of any adverse drug reactions and what action taken • Any administration outside the marketing authorisation • Record the name/brand, dose of the medication, site of insertion (including which arm and exact location), and palpation of implant following procedure by both the nurse and the individual • Batch number and expiry date of product in line with local procedure • Record any referral, follow up and/or signposting arrangements • Any other relevant information that was provided to the individual • A statement that supplies and insertion is by using a PGD • Name and signature (which may be an electronic signature) of the clinician supplying and administering the medicine Records should be signed and dated (or password-controlled e-records) and securely kept for the defined period as specified in the BPAS PGD policy. Patient Group Directions (PGDs) and Other Legal Mechanisms for Supply of Medicines 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 the BPAS PGD policy. Patient Group Directions (PGDs) and Other Legal Mechanisms for Supply of Medicines

Key references	
Key references (accessed February 2026)	• Electronic Medicines Compendium • Current edition of British National Formulary • NICE Medicines practice guideline MPG2 - Patient Group Directions - Last Updated 27 March 2017 • National Institute of Health and Clinical Excellence; Long Acting Reversible Contraception CG30 (2005) Last revised July 2019 • CoSRH Clinical Guideline: Progestogen-only Implant (February 2021, amended Jul 2023) • CoSRH CEU Statement: extension of use of the etonogestrel implant (Nexplanon®) to 5 years (May 2026) • College of Sexual and Reproductive Healthcare Drug Interactions with Hormonal Contraception (May 2022) • College of Sexual and Reproductive Healthcare (2025) UK Medical Eligibility Criteria for Contraceptive Use. • College of Sexual and Reproductive Healthcare Clinical Guideline: Quick Starting Contraception (April 2017) • CoSRH Clinical Guideline: Emergency Contraception (March 2017, amended July 2023) | CoSRH

	• CoSRH Clinical Guideline: Problematic Bleeding with Hormonal Contraception (July 2015) • College of Sexual and Reproductive Healthcare (2014) Contraceptive choices for women with cardiac disease • College of Sexual and Reproductive Healthcare (2017, amended October 2020) Contraception After Pregnancy • College of Sexual and Reproductive Healthcare (2023) Response to new study on use of combined and progestogen-only hormonal contraception and breast cancer risk. • Medicines and Healthcare Regulatory Agency (2016) Nexplanon (etonogestrel) contraceptive implants: reports of device in vasculature and lung • BPAS Patient Group Directions (PGDs) and Other Legal Mechanisms for Supply of Medicines. Updated November 2024 Patient Group Directions (PGDs) and Other Legal Mechanisms for Supply of Medicines • BPAS Safeguarding Adults at Risk policy. Updated July 2025 Safeguarding Adults at Risk • BPAS Safeguarding Children and Young People policy. Updated August 2025 Safeguarding Children and Young People • BPAS Medicines Management Policy. Updated May 2025. Medicines Management Policy • BPAS Record Keeping Policy. Updated December 2023. Record Keeping

Audit and ongoing monitoring of this PGD

Please refer to the 'Audit' section of the BPAS Patient Group Direction policy for additional guidance in relation to PGD audit. Patient Group Directions (PGDs) and Other Legal Mechanisms for Supply of Medicines

The PGD audit tool is available here: British Pregnancy Advisory Service - Audit Tools - All Documents (sharepoint.com).

Appendix A: Approved Practitioner List

Patient Group Direction (PGD) name:	Insertion of etonogestrel (e.g. Nexplanon®) 68mg subdermal implant for contraception v3.1	
	Valid from: 01/09/2026	**Expiry: 31/08/2029**

Before signing this PGD, check that the document has had the necessary authorisations. Without these, this PGD is not lawfully valid.

Registered health professional

By signing this patient group direction, you are indicating that you agree to its contents and that you will work within it and agree with the following statement:

'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.'

Patient group directions do not remove inherent professional obligations or accountability.

It is the responsibility of each professional to practice only within the bounds of their own competence and professional code of conduct.

Name (print)	Designation	Registration number	Signature	Date

Authorising manager

I confirm that the registered health professionals named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of BPAS for the above-named health care professionals who have signed the PGD to work under it.				
Name	**Position**	**BPAS Treatment Unit**	**Signature**	**Date:**

Note to authorising manager

- Score through unused rows in the list of registered health professionals to prevent additions post managerial authorisation.
- If registered health professional signatures need to be added at a later date, e.g. due to staffing changes, a separate Approved Practitioner List must be signed, ensuring the correct PGD name and version is detailed.
- This authorisation sheet should be retained to serve as a record of those registered health professionals authorised to work under this PGD for the period specified in the BPAS PGD policy.
- This list must be stored by the Treatment Unit in a designated folder and be available for immediate inspection, alongside any training / competency records. If a registered professional works across multiple sites, they must sign the Approved Practitioner List for each PGD at each BPAS site where they will use the PGD.