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 Supply of a progestogen only contraceptive pill (POP) in BPAS clinics.

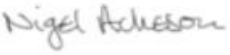
Version Number 3.0

Change History	
Version and Date	**Change Details**
Version 1 *April 2020*	New template. *Approved for use in BPAS 04/11/20.*
Version 1.1 *November 2020*	Minor rewording and highlighting of contents cautions section relating to individuals for whom pregnancy presents an unacceptable risk and those on a pregnancy prevention plan. Porphyria added as exclusion criteria. *Version not used in BPAS*
Version 2.0 *April 2023*	Updated template – amended references, minor editing and working changes/clarifications. Addition by BPAS of information to provide to client in the event POP supplied ahead of abortion treatment and client chooses to continue with pregnancy. *Approved for use in BPAS 27/03/23.*
Version 2.1 *April 2024*	Revised content with drospirenone information now UK product is available. Expanded on other POP active ingredients to distinguish. *Not available on BPAS formulary – not included.* Added note re low risk of breast cancer. Updated references. Updated SLWG. Benign liver tumour added to exclusion criteria as per SPS template Added “current contract of employment with BPAS” to staff authorised.
Version 3.0 *November 2025*	Planned end of life review. Updated reference to FSRH to CoSRH. Minor rewording to align the RH PGDs content, and update terminology. Update SLWG and references. Added statement on advice when used in combination with GLP-1 agonists. Added statement on advice on desogestrel and risk of meningioma. Updated references.

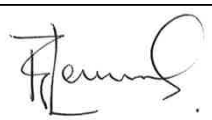
N.B. Review and update may occur prior to this period if national guidance changes or legal or clinical issues arise.

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
Mary Sexton	BPAS Clinical Director		04.12.2025
Dr Nigel Acheson	BPAS Medical Director		04.12.2025
Kalpesh Thakrar	BPAS Deputy Chief Pharmacist		04.12.2025

Authorising Body:

Dr Fiona Lemmens	Executive Clinical Director, Cheshire and Merseyside ICB		03/03/2026

Responsible person who has approved this PGD on behalf of BPAS

Name: Heidi Stewart

Position: BPAS Chief Executive

Signature: 

Date: 04.12.2025

Glossary	
BPAS	British Pregnancy Advisory Service
BLS	Basic life support
BNF	British National Formulary
CoSRH	College of Sexual and Reproductive Health
CVD	Cardiovascular disease
LARC	Long-acting reversible contraception
LNG-IUD	Levonorgestrel intrauterine device
MHRA	Medicines Health Regulatory Agency
NICE	National Institute for Health and Care Excellence
NMC	Nursing and Midwifery Council
POP	Progesterone only contraceptive pill
SmPC	Summary of medicinal product characteristics
STI	Sexually transmitted infection

PGD DEVELOPMENT GROUP

Date PGD template comes into effect:	April 2026
Review date:	September 2028
Expiry date:	March 2029

This PGD template has been peer reviewed by the Reproductive Health PGDs Short Life Working Group in accordance with their Terms of Reference.

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

This section MUST REMAIN when a PGD is adopted by an organisation.

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

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 healthcare professional authorised to operate under this PGD must have undertaken appropriate education and training and successfully completed the competencies to undertake clinical assessment of patients ensuring safe provision of the medicines listed in accordance with local policy: • 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 and supply of the medicine, its uses, contraindications, dosage and adverse effects • 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 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 contraception supply. • Staff operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions
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 addressed and further training provided as required. • Practitioners must complete 3-yearly 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	• Norethisterone, levonorgestrel and desogestrel - Individual (age from menarche to 55 years) presenting for contraception. • Drospirenone only - age from menarche to 49 years • Consent given.
Criteria for exclusion	• Consent not given • Drospirenone only – 50 years or older • 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 as detailed in the Summary of Product Characteristics (SmPC) which can be accessed on the EMC website • Some POP products contain lactose/sucrose – individuals with rare hereditary problems of galactose intolerance, total lactase deficiency, fructose intolerance or glucose-galactose malabsorption or sucrase-isomaltase deficiency should not take these medicines. Where applicable, check product excipients before supplying. • Acute porphyria • **Desogestrel containing products** – individuals with a meningioma or a history of meningioma **Cardiovascular Disease** • Current or past history of ischaemic heart disease, vascular disease, stroke or transient ischaemic first attack only if taking the method when the event occurred. **Cancers** • Current or past history of breast cancer • Malignant liver tumour (hepatocellular carcinoma) **Gastro-intestinal conditions** • Severe decompensated cirrhosis • Benign liver tumour (hepatocellular adenoma) • Any bariatric or other surgery resulting in malabsorption. **Drospirenone only** • Individuals with known hyperkalaemia or hypoaldosteronism (eg, Addison's disease). • Individuals currently taking potassium-sparing diuretics, aldosterone

	antagonists or potassium supplements (including OTC). • Known or suspected severe hepatic disease with deranged liver function values. • Known renal impairment (all stages) or acute renal failure. • Known or suspected sex-steroid sensitive malignancies. **Medicines** • Individuals using enzyme-inducing medicines/herbal products or within 4 weeks of stopping them. • Interacting medicines (other than enzyme inducers), including any medicines purchased as detailed in the current British National Formulary (BNF) or the Summary of Product Characteristics (SmPC) which can be accessed on the EMC website
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 policy Safeguarding Children and Young People • Discuss with appropriate medical/independent non-medical prescriber any medical condition or medication of which the healthcare professional is unsure or uncertain • Consideration should be given to the current disease status of those with severe malabsorption syndromes, such as acute/active inflammatory bowel disease or Crohn's disease. Although the use of POP is not contra-indicated it may be less effective and so these individuals should be advised offered Long-Acting Reversible Contraception (LARC) • Individuals should be advised that it is possible that medications that induce diarrhoea and/or vomiting (e.g. orlistat, laxatives, GLP-1 agonists) could reduce the effectiveness of POP. • Individuals receiving GLP-1 agonists must use effective contraception. • Note some GLP-1 agonists may reduce the effectiveness of oral contraception and additional barrier methods are recommended - refer to the specific product SmPC which can be accessed on the EMC and CoSRH advice regarding GLP 1 agonists and contraception. Provide CoSRH patient information leaflet (PIL). • **Offer LARC to all individuals in particular those with medical conditions for whom pregnancy presents an unacceptable risk and those on a pregnancy prevention plan** • **If an individual is known to be taking a medication which is known to be harmful to pregnancy a highly effective form of contraception is recommended. Highly effective methods include the LARC methods: copper IUD, LNG-IUD and implant. If a LARC method is unacceptable/unsuitable and a POP is chosen, then an additional barrier method of contraception is advised. See CoSRH statement: Contraception for women using known teratogenic drugs (Feb 2018) FSRH.**
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 declining treatment in the consultation record

	• Where appropriate refer the individual to a suitable health service provider and/or provide them with information about further options

Description of treatment:	
Name, strength and formulation medicine	• Desogestrel 75micrograms tablets • Levonorgestrel 30micrograms tablets • Norethisterone 350micrograms tablets • Drospirenone 4mg tablets (NB: pack contains active and placebo pills) Note: • The above names the generic component of available progestogen only contraceptive pills. • This PGD does not restrict which brands can be supplied – local formularies/restrictions should be referred to. • Some desogestrel products contain excipients containing soya/nut – awareness of allergy may be required depending on product offered. • Further brand information including full details of adverse effects and interactions is available in the individual SmPC which can be accessed on the EMC website or the MHRA website
Legal category	POM
Route / method of administration	Oral
Indicate any off-label use (if relevant)	Best practice advice given by College of Sexual and Reproductive Healthcare (CoSRH) is used for guidance in this PGD and may vary from the Summary of Product Characteristics (SmPC) which can be accessed on the EMC website This PGD includes inclusion criteria, exclusion criteria and dosage regimens which are outside the market authorisation for many of the available products, but which are included within CoSRH guidance. 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 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/parent/carer that the medicine is being offered in accordance with national guidance but that this is outside the product licence.
Dose and frequency of administration	• Single tablet taken at the same time each day starting on day 1-5 of the menstrual cycle (must be day 1 for drospirenone) with no need for additional protection • The POP can be started at any time after day 5 if it is reasonably certain that the individual is not pregnant. Additional precautions are then required for 48 hours (7 days for drospirenone), after starting and advise

	to have follow up pregnancy test at 21 days (See below for drospirenone.) • When starting or restarting the POP as quick start after levonorgestrel emergency contraception, additional contraception is required for 48 hours (7 days for drospirenone). • In line with FSRH guideline - Progesterone-only Pills guidance. individuals using hormonal contraception should delay restarting their regular contraception for 5 days following ulipristal acetate use. Avoidance of pregnancy risk (i.e. use of condoms or abstain from intercourse) should be advised until fully effective • For guidance on changing from one contraceptive method to another, and when to start after an abortion and postpartum, refer to CoSRH - Switching or Starting Methods of Contraception and CoSRH Clinical Guideline: Contraception after Pregnancy • POP can safely be started at any time after medical or surgical abortion, miscarriage or ectopic pregnancy. The evidence indicates that POP can be started at the time of mifepristone administration without affecting the effectiveness of medical abortion • The POP may be started at any time after childbirth, including immediately after childbirth and before 21 days; if starting after 21 days, additional contraceptive precautions are required (e.g. barrier methods/abstinence) **Drospirenone** • **Drospirenone** is started on day 1 after abortion or by day 21 after childbirth. If started at any other time, additional contraceptive precautions are required for **7** days with advice to take a follow-up pregnancy test if appropriate. • Drospirenone is taken in a continuous cycle of 24 consecutive daily 4mg pills followed by four inactive pills (a 4-day hormone-free interval) • CoSRH recommendations on starting and switching to or from **drospirenone**, and missed pill rules/requirement for emergency contraception differ between drospirenone and other POPs. FSRH CEU Statement: Drospirenone Progestogen-only Pill (DRSP POP) (Jan 2024) | FSRH
Duration of treatment	• For as long as the individual requires POP and has no contraindications to the use of POP
Quantity to be supplied	Three months' supply in pre-labelled original packs
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	All concurrent medications, including those purchased should be considered for interactions. A detailed list of drug interactions is included in the individual Summary of Product Characteristics (SmPC) which can be accessed on the EMC website and the BNF Refer also to FSRH guidance on drug interactions with hormonal contraception **Drospirenone** Avoid potassium sparing agents and aldosterone antagonists, or potassium supplements (including OTC) due to risk of hyperkalaemia with concomitant use of **drospirenone**:

	Individuals using a multivitamin/dietary supplement containing potassium may wish to consider changing to a non potassium containing product if clinically appropriate. Avoid grapefruit or grapefruit juice while taking **drospirenone**.
Identification and management of adverse reactions	A detailed list of adverse reactions is included in individual Summary of Product Characteristics (SmPC) which can be accessed on the EMC website or the BNF The following possible adverse effects are commonly reported with POP (but may not reflect all reported adverse effects): • Acne • Breast tenderness • Headache • Disturbance of bleeding patterns • Changes in mood/libido • Weight change **Drospirenone** • Hyperkalaemia
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	• Provide manufacturer's information leaflet (PIL) provided within the original pack • Individuals should be informed about the superior effectiveness of LARC • Explain mode of action, side effects, and benefits of the medicine. • Advise on action if the individual vomits within two hours of taking the pill or in cases of prolonged vomiting or severe diarrhoea. See FSRH guideline - Progesterone-only Pills guidance. • Advise on risks of the medication including failure rates, serious side effects and the actions to be taken • Advise on missed pills (missed pills; twelve hours after normal administration time for **desogestrel**; twenty-four hours for **drospirenone**; three hours after normal administration time for all other POPs). See FSRH guideline - Progesterone-only Pills guidance. • Avoid grapefruit or grapefruit juice while taking **drospirenone**. **(Drospirenone only.)** • Advise that if POP started more than 21 days after childbirth, additional contraceptive precautions are required (e.g. barrier methods/abstinence) • Advise that POP is acceptable for use in breastfeeding mothers • Advise that risk of any pregnancy is low during use of effective contraception. Of pregnancies that occur during use of the traditional POP, 1 in 10 may be ectopic

	• 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. • Where POP is supplied ahead of abortion treatment, advise client that if they choose to continue with their pregnancy, the contraception should not be started. If abortion treatment failure occurs after starting the POP and a decision to continue the pregnancy is made, it should be stopped. The BPAS unit should be informed, and any unused POP should be returned to a BPAS unit or pharmacy for disposal • A follow up review should be undertaken annually with GP or sexual and reproductive health services • Provide CoSRH PIL on GLP-1 agonists and contraception as appropriate (see Cautions). • Offer condoms and advice on safer sex practices and possible need for screening for sexually transmitted infections (STIs) • Ensure the individual has the contact details of local sexual health services • Advise the individual to seek advice from a pharmacist, doctor or other prescriber before starting any new medications, including those purchased • Offer Relevant BPAS patient information booklet relevant to their treatment, including Aftercare information
Advice/ follow up treatment	• The individual should be advised to seek medical advice in the event of an adverse reaction. • The individual should seek further advice if they have any concerns. • Review prior to BPAS supply running out and then at least annually by GP or sexual and reproductive health services

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 individual is under 16 years and 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, patient BPAS identification number, date of birth
	• Relevant past and present medical and sexual history
	• Relevant medication history (to include over the counter, herbal medications, supplements and recreational drug use)
	• Examination findings 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 BPAS PGD policy Patient Group Directions (PGDs) and Other Legal Mechanisms for Supply of Medicines
	• Advice given, including advice given if excluded or declines treatment
	• Details of any adverse drug reactions and actions taken

	• Advice given about the medication including side effects, benefits, and when and what to do if any concerns • Any referral arrangements made • Any supply outside the terms of the product marketing authorisation • Recorded that supply is via Patient Group Direction (PGD) 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 August 2025)	• 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 • College of Sexual and Reproductive Health Clinical Guideline: Progestogen-only Pills August 2022 fsrh-ceu-clinical-guideline-progestogen-only-pills-aug22-amended-11july-2023-.pdf • College CEU Guidance: Drug Interactions with Hormonal Contraception (May 2022) FSRH CEU Guidance: Drug Interactions with Hormonal Contraception (May 2022) - Faculty of Sexual and Reproductive Healthcare • College of Sexual and Reproductive Healthcare (2019, amended November 2020) Combined Hormonal Contraception FSRH Clinical Guideline: Combined Hormonal Contraception (January 2019, amended October 2023) | FSRH • College of Sexual and Reproductive Healthcare (2016 amended September 2019) UK Medical Eligibility Criteria for Contraceptive Use. UK Medical Eligibility Criteria for Contraceptive Use (UKMEC) | FSRH • College of Sexual and Reproductive Healthcare Clinical Guideline: Quick Starting Contraception (April 2017) FSRH Clinical Guideline: Quick Starting Contraception (April 2017) | FSRH • College CEU statement: Drospirenone 4mg progestogen-only Pill (Slynd®) (Jan 2024) FSRH CEU Statement: Drospirenone Progestogen-only Pill (DRSP POP) (Jan 2024) | FSRH • College of Sexual and Reproductive Healthcare (2023) Response to new study on use of combined and progestogen-only hormonal contraception and breast cancer risk. FSRH response to new study on use of CHC and POC and breast cancer risk (March 2023) | FSRH • CoSRH statement: Glucagon-like peptide-1 (GLP-1) agonists and oral contraception (January 2025) CEU-statement-GLP-1-agonists-and-contraception.pdf

	• CoSRH: GLP-1 agonists and contraception Patient information leaflet (February 2025) Patient-information-GLP-1-agonists-and-contraception.pdf • CoSRH CEU statement: Use of desogestrel and risk of intracranial meningioma (July 2025) Use-of-desogestrel-and-risk-of-intracranial-meningioma.pdf • 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:	Supply of a progestogen only contraceptive pill (POP) in BPAS Clinics v3.0	
	Valid from: 01/04/2026	**Expiry: 31/03/2029**

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.