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

PATIENT GROUP DIRECTION (PGD)

Insertion of the Progestogen-Only Intra-Uterine Device (LNG- IUD) in BPAS Clinics

Version Number 3.0

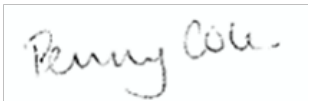
Change History	
Version and Date	**Change details**
Version 1.0 August 2020	New template
Version 1.1 November 2020	Additional of Jaydess®▼ Levonorgestrel 13.5 mg intrauterine system as a black triangle product. Acute porphyria added as exclusion.*Note: Clients with [acute] porphyria already excluded from treatment at BPAS.*
Version 1.2 March 2021	Levosert® license revised to usage period from 5 to 6 years for when indication is for contraception. Dose and frequency of administration section amended to read: Levonorgestrel 52mg Intrauterine System (Levosert ®) - effective for up to 6 years or until contraception no longer required if individual is over the age of 45 years of age at time of insertion. *Version 1.2 authorised for use in BPAS 22/12/2022.*
Version 1.3 September 2022	Benilexa One Handed® 52mg levonorgestrel-releasing intrauterine system added to Name, strength & formulation of drug and Dose and frequency of administration sections. eLFH PGD e learning added to training section *Version 1.3 not adopted by BPAS as Benilexa One Handed® 52mg levonorgestrel-releasing intrauterine system not in use in BPAS. eLFH is recommended training.*
Version 1.2 May 2022	Expiry date extended to full 3 year term from authorisation of PGD in November 2020. *Archived 2023*
Version 2.0 April 2023	Updated template. Amendments to exclusion, cautions, dose and frequency of administration and adverse effects sections to align with updated FSRH IUC guidance. Minor formatting/wording changes to align with other SPS PGD reproductive health templates.
Version 2.1 September 2023 *Not implemented*	Added "or until contraception no longer required if individual is over the age of 45 years of age at time of insertion" to frequency of insertion for Levonorgestrel 52mg intrauterine delivery system (Benilexa One Handed®).Addition of "interacting medicines" to exclusion criteria
Version 2.2 April 2024 *Not implemented*	Additional indication of postpartum intrauterine contraception (PPIUC). Updated duration of treatment for Mirena ® to 8 years, removed from off-label use, and added FSRH statement to reference section. Added note re-low risk of breast cancer. Updated SLWG
Version 2.3 August 2024	Statement added to off-label use section regarding extended use of 8 years for all 52mg products in line with FSRH statement. Updated 'Dose and Frequency of Administration' section. Uterine perforation added as exclusion. Updated references. Updated SLWG members. Added "with a current contract of employment" to Qualifications and professional registration Removal of information relating to pregnancy from exclusion criteria. Cautions and references updated in line with SPS template
Version 3.0 April 2026	Planned end-of-life review. Updated references to FSRH to CoSRH. Amended IUC/IUS to IUD in line with revised UKMEC 2025. Updated references. Updated SLWG membership.

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

Valid from date: 01/08/2026
Review date: 01/02/2029
Expiry date: 31/07/2029

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		19/05/2026
Dr Ingrid Granne	BPAS Chief Medical Officer		19/05/2026
Kalpesh Thakrar	BPAS Deputy Chief Pharmacist		14/05/2026

Authorising Body:

Dr Fiona Lemmens	Executive Clincal 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: 19/05/2026

Glossary	
BPAS	British Pregnancy Advisory Service
BASHH	British Association for Sexual Health and HIV
BLS	Basic life support
BNF	British National Formulary
CoSRH	Faculty of sexual and reproductive healthcare
GUM	Genitourinary medicine
IUC	Intrauterine contraception
LNG-IUD	Progesterone only intrauterine device
MHRA	Medicines Health Regulatory Agency
NICE	National Institute for Health and Care Excellence
NMC	Nursing and Midwifery Council
SmPC	Summary of medicinal product characteristics
STI	Sexually transmitted infection
UPSI	Unprotected sexual intercourse

PGD DEVELOPMENT GROUP

Date PGD template comes into effect:	1st August 2026
Review date	1st February 2029
Expiry date:	31st July 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 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 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. Individuals working under this PGD should hold an in date CoSRH Letter of Competence Intrauterine Techniques (LoC IUT) which has been achieved or recertified within the last 5 years. PGD users should have read thoroughly and be familiar with the FSRH IUC guidance. Individuals working under this PGD will be required to administer local anaesthesia in line with local protocols/PGDs. 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 LNG-IUD contraception insertion. • 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. • CoSRH LoC IUT must be recertified every 5 years. • 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 administer 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. • 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 the individual Summary of Product Characteristics (SmPC) which can be accessed on the EMC website • Risk of pregnancy. • Any reported unprotected sexual intercourse (UPSI) within the last 21 days (ie peno-vaginal penetration with no contraception used or contraception used incorrectly). • Postpartum sepsis • Post-abortion sepsis • Gestational trophoblastic disease with decreasing or, persistently elevated β-hCG levels or malignancy Refer to the CoSRH CEU clinical guideline Intrauterine Contraception and CoSRH clinical guidance Switching or Starting Methods of Contraception (log in required) for specific guidance about starting and switching IUD:

	Insertion of new device (no current IUD in situ) • Any reported unprotected sexual intercourse (UPSI) since day 5 of a natural cycle, AND within the last 21 days. • If any UPSI >21 days ago where menstruation has not since occurred- negative pregnancy test required prior to insertion. **Changing to a new device (current IUD insitu and in date)** • Any reported unprotected sexual intercourse (UPSI) within the last 7 days **Changing to a new device (current IUD insitu but out of date)** • Any reported unprotected sexual intercourse (UPSI) within the last 21 days • If UPSI >21 days ago- negative pregnancy test required prior to insertion **Cardiovascular Disease** • Development of ischaemic heart disease, transient ischaemic attack or stroke whilst using the LNG-IUD. • For individuals with pre-existing arrhythmia, Eisenmenger physiology, single ventricle (or Fontan) circulation, long QT syndrome or impaired ventricular function, a vasovagal reaction could pose a serious risk of a significant cardiac event and therefore IUC procedures should be undertaken in a hospital setting. **Cancers** • Current or past history of cancer of the breast or genital organs. • Malignant liver tumour (hepatocellular carcinoma). • Cervical cancer awaiting treatment (for initiation) • Endometrial cancer • Cervical cancer (resulting in radical trachelectomy) **Gastro-intestinal conditions** • Severe decompensated cirrhosis. • Benign liver tumour (hepatocellular adenoma). **Infections** • Current or recurrent pelvic inflammatory disease (PID) • Known chlamydial infection either symptomatic or asymptomatic • Known gonorrhoea infections either symptomatic or asymptomatic • Current purulent cervicitis or vaginitis • Known pelvic tuberculosis • Living with HIV infection if clinically unwell and not on treatment **Anatomical abnormalities** • Distorted uterine cavity; congenital or acquired abnormality distorting the uterine cavity, including fibroids, incompatible with LNG-IUD insertion. **Other Conditions** • Unexplained vaginal bleeding suspicious of a serious medical condition, present before commencing the method • Organ transplant with complications • Acute porphyria • Previous endometrial ablation • Previous uterine perforation

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 • Individuals taking anticoagulants or antiplatelets - refer to CoSRH CEU Statement CoSRH CEU Statement: Management of women taking anticoagulants or antiplatelet medications (2017) | CoSRH Refer to prescriber. • Individuals at risk of an adrenal crisis will usually need to increase their steroid dose prior to, and for 24 hours after, IUD insertion and should ideally have their IUD procedure scheduled for early morning. Refer to prescriber. • Liaison with an individual's MDT or clinical specialist may be required with certain conditions (e.g. inherited bleeding disorders, cardiac disease, taking anticoagulants, Ehlers-Danlos syndromes (EDS), Postural tachycardia syndrome (PoTS). • If an individual with PoTS has a history of postural syncope, advice should be sought from their cardiologist, as it may be recommended that insertion should be undertaken in a hospital setting. • Individuals with cardiac arrhythmias (other than long QT) discuss with relevant clinician. • 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.

1. Description of treatment

Name, strength & formulation of drug	Levonorgestrel 13.5 mg intrauterine system (Jaydess®▼) Levonorgestrel 19.5mg intrauterine system (Kyleena®) Levonorgestrel 52mg intrauterine System (Levosert®) Levonorgestrel 52mg intrauterine system (Mirena®) Levonorgestrel 52mg intrauterine system (Benilexa One Handed®) **Note:** • This PGD does not restrict which brands can be supplied – local formularies/restrictions should be referred to and the above list edited to reflect local formularies. • See individual product SmPCs on the MHRA website or the EMC website for further information and further brand information including full details of adverse effects and interactions.
Legal category	POM
Black triangle	Jaydess®▼ Levonorgestrel 13.5 mg intrauterine system is a black triangle product. This information was accurate at the time of writing. See product SPCs at the EMC website for indication of current black triangle status.

Route of administration	Intra-uterine Insert using aseptic or no-touch technique as per CoSRH guidance on intrauterine contraception, or immediate PPIUD technique.
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 specifically includes inclusion criteria and dosage regimens which are outside the market authorisation for many of the available products but which are included within CoSRH guidance: • When used for contraception only, any 52mg LNG-IUD may be retained until contraception no longer required in individuals over 45 years of age at time of insertion • Initial insertion after day 7 of the menstrual cycle if it is reasonably certain that the individual is not pregnant 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 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	• One LNG-IUD to be inserted (after removal of previous LNG-IUD if required). • Insert on day 1-5 of the menstrual cycle with no need for additional protection • The LNG-IUD can be inserted at any time after day 5 of the menstrual cycle if it is reasonably certain that the individual is not pregnant. Additional contraception is then required for 7 days after insertion of the LNG-IUD. • For guidance on changing from one contraceptive method to another, and when to start after an abortion and postpartum, refer to CoSRH guidance on intrauterine contraception, CoSRH - Switching or Starting Methods of Contraception (log in required) and CoSRH Clinical Guideline: Contraception after Pregnancy **Frequency of LNG-IUD insertion:** ○ Levonorgestrel 13.5mg IUS (Jaydess®) - effective for up to 3 years ○ Levonorgestrel 19.5mg intrauterine system (Kyleena®) - effective for up to 5 years. ○ Levonorgestrel 52mg Intrauterine System (Levosert ®) - effective for up to 8 years if individual is under the age of 45 years at time of insertion, or until the age of 55 if individual is over the age of 45 years at time of insertion. ○ Levonorgestrel 52mg IUS (Mirena®) - effective for up to 8 years, or until the age of 55 if individual is over the age of 45 years at time of

	insertion. This duration also applies to individuals who already have a device in-situ. ○ Levonorgestrel 52mg intrauterine delivery system (Benilexa One Handed®) - effective for up to 8 years if individual is under the age of 45 years of age at time of insertion or until the age of 55 if individual is over the age of 45 years at time of insertion.
Quantity to be supplied	Single LNG-IUD is to be inserted per episode of care.
Duration of treatment	For as long as individual requires contraception and has no contraindications to its use.
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 concomitant medications should be checked for interactions. A detailed list of drug interactions is available in the individual product SmPC, which is available from the electronic Medicines Compendium 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 & management of adverse reactions	A detailed list of adverse reactions is included in the individual Summary of Product Characteristics (SmPC) which can be accessed on the EMC website or the BNF The LNG-IUD is generally well tolerated. The following possible adverse effects are commonly reported with LNG-IUD (but may not reflect all reported adverse effects). Evidence is limited to confirm a causative effect. • Headache • Disturbance of bleeding patterns • Mood changes • Weight gain • Loss of libido • Breast tenderness • Acne Insertion complications may include infection, expulsion, or perforation. Individuals should be advised on the signs that these may have occurred and the action to take if they become concerned.
Additional facilities and supplies	• Access to working telephone • Suitable waste disposal facilities • Immediate access to in-date anaphylaxis kit (IM adrenaline 1:1000) and emergency drugs including atropine and oxygen.
Management of 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. Insight. • Note certain LNG-IUDs have additional Risk Minimisation materials (RMMs) to support safe use – organisations should ensure any RMMs supplied for the product/s used within their organisation are considered. See product profile at www.medicines.org.uk for further information
Written information and further advice to be given to individual	• Provide patient information leaflet (PIL) provided with the original pack. • Explain mode of action, side effects, risks and benefits of the medicine • Advise about the risks of the medication including failure rates and serious side effects and the actions to be taken. • Advise about the possible symptoms of serious sequelae e.g. infection, ectopic pregnancy, expulsion and perforation and when to seek clinical advice • 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 • Teach individual how to check threads and to seek clinical advice if threads not felt • Advise when replacement of the LNG-IUD will be due. • Offer condoms and advice on safer sex practices and possible need for screening for sexually transmitted infections (STIs) • Ensure the individual has contact details of local service/sexual health services.
Advice / follow up treatment	• The individual should be advised to seek medical advice in the event of an adverse reaction. • Individual to seek further advice if she has any concerns.

Records	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/or
	  ○ 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
	• Name of individual, address, date of birth
	• Relevant past and present medical history, including medication and family history.
	• Any known allergies
	• Details of insertion procedure to include:
	  ○ Name of registered health professional
	  ○ Date of insertion
	  ○ Name/brand of LNG-IUD inserted
	  ○ Batch number and expiry date of administered
	  ○ Bimanual examination and speculum findings
	  ○ Uterine sounding
	  ○ Use of no touch technique
	  ○ Name of assistant/their role
	  ○ Analgesia or local anaesthetic used
	  ○ Problems encountered during insertion
	• Advice given, including advice given if excluded or declines treatment
	• Individual has been advised on the date/s for next appointment as required.

	• 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 administration outside the terms of the product marketing authorisation and additional advice given relating to this and advice given (e.g. additional contraception for 7 days). • Recorded that administration is via Patient Group Direction (PGD) Records should be signed and dated (or a password controlled e-records) and securely kept for a defined period in line with local policy. All records should be clear, legible and contemporaneous. A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy. All records should be kept in line with NHS England Records Management Code of Practice. This includes individual data, master copies of the PGD and lists of authorised practitioners.

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 • CoSRH Clinical Guideline: Intrauterine contraception (March 2023, amended Jan 2025) • 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 (April 2017) Clinical Guideline: Quick Starting Contraception • College of Sexual and Reproductive Healthcare Guidance: Switching or Starting Methods of Contraception (2023, amended May 2025) (log in required) • College of Sexual and Reproductive Healthcare (2019) Service standards for record keeping • CoSRH CEU Resource: New one-handed, reloadable 52mg levonorgestrel-releasing intrauterine system (2021) • CoSRH CEU Statement: Mirena® 52mg LNG-IUD extension of licence for contraception to 8 years (Jan 2024) • CoSRH: Response to new study on use of combined and progestogen-only hormonal contraception and breast cancer risk. (2023) • CoSRH CEU Statement: Extended use of all 52mg LNG-IUDs for up to eight years for contraception (May 2024) • College of Sexual and Reproductive Healthcare (December 2022) Service Standards for Resuscitation in Sexual and Reproductive Healthcare Services • 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 the Progestogen-Only Intra-Uterine Device (LNG-IUD) v3.0	
	Valid from: 01/08/2026	**Expiry:** 30/07/2029

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.
- 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.