

Appendix 1 - Patient Group Direction For The Supply Of Trimethoprim Tablets By Community Pharmacists Under The 'Pharmacy First' Service

Individual Authorisation

PGD does 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 in accordance with the General Pharmaceutical Council Standards for Pharmacy Professionals.

Note to Authorising Authority: authorised staff should be provided with access to the clinical content of the PGD and a copy of the document showing their authorisation.

I have read and understood the Patient Group Direction authorised by each of the individual NHS Boards that I wish to operate in and agree to provide Trimethoprim Tablets

Name of Pharmacist _____

GPhC Registration Number _____

Normal Pharmacy Location

(Only one Pharmacy name and contractor code is required for each Health Board (HB) area where appropriate. If you work in more than 3 HB areas please use additional forms.)

Name & Contractor code HB (1) _____

Name & Contractor code HB (2) _____

Name & Contractor code HB (3) _____

Please indicate your position within the pharmacy by ticking one of the following:

Locum Employee Manager Owner

Signature _____ Date _____

Please tick and send to each Health Board you work in. Fax numbers, email and postal addresses are given overleaf.

Ayrshire & Arran	<input type="checkbox"/>	Grampian	<input type="checkbox"/>	Orkney	<input type="checkbox"/>
Borders	<input type="checkbox"/>	Gr Glasgow & Clyde	<input type="checkbox"/>	Shetland	<input type="checkbox"/>
Dumfries & Galloway	<input type="checkbox"/>	Highland	<input type="checkbox"/>	Tayside	<input type="checkbox"/>
Fife	<input type="checkbox"/>	Lanarkshire	<input type="checkbox"/>	Western Isles	<input type="checkbox"/>
Forth Valley	<input type="checkbox"/>	Lothian	<input type="checkbox"/>		