

PATIENT GROUP DIRECTION FOR THE SUPPLY OF [EXAMPLE]

MANAGEMENT OF PATIENT GROUP DIRECTION

This Patient Group Direction must be read, agreed to and signed by all healthcare professionals involved in its use. The original signed copy should be held by a designated person and must be easily accessible to healthcare professionals in the clinical setting. In all cases the healthcare professional will follow the code of conduct as defined by their professional body.

	Name	Signature	Date
Developed by LOCAL DEVELOPMENT TEAM			
Doctor			
Practitioner			
Pharmacist			

Approved by PGD SUB-GROUP OF THE MEDICINES POLICY COMMITTEE			
Chairperson			

Approved by AUTHORISED NHS Lothian Drugs and Therapeutics Committee			
Chairperson/Deputy of Committee	Dr Simon Maxwell		

AUTHORISED BY		Insert name and signature of the main/base pharmacist in the pharmacy. Also insert date signed.
Medical Director	Dr Tracey Gillies	
LOCAL MANAGEMENT		Insert name and signature of the person who will be responsible for the upkeep of the list on the following page. This does not have to be a pharmacist- it could be a non pharmacist manager or lead technician for example. Also insert date signed.
Practice/Ward/Department/Directorate		
Clinical Lead		
Practitioner Manager (if applicable)		
Pharmacist (if applicable)		
Name of Designated PGD Holder <small>(Responsible for ensuring names of healthcare professionals issuing under this PGD are kept up to date)</small>		

DATE AUTHORISED FOR USE	REVIEW DATE	EXPIRY DATE
[XXXXXX]	[XXXXXX]	[XXXXXX]

Contractor Code	
Locum	

Insert locum name here and
sign below.

[illegible]