


**VARENICLINE**

**Local Authorisation:**

Service Area for which PGD is applicable:		Community Pharmacy	
Record/Audit Trail	There must be appropriate records kept and maintained by the pharmacist to enable verification of service provision and training requirements, and provide information for internal and external audit and evaluation purposes.		
<b>Nominated individual who agrees to keep list of practitioners operating under the PGD current and up to date (Lead Professional):</b>			
<b>Name:</b>	<b>Signature:</b>	<b>Designation:</b>	<b>Date:</b>
Alan Harrison		Lead Pharmacist, Community Pharmacy	27/04/2022

**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 their own Code of Professional Conduct.**

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

I have read and understood the Patient Group Direction. I acknowledge that it is a legal document and agree to supply / administer this medicine only in accordance with this PGD.

Name of Pharmacist \_\_\_\_\_

GPhC Registration Number \_\_\_\_\_

Email address (preferably NHS) \_\_\_\_\_

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 2 HB areas please use additional forms.)**

**If you are a Locum, please supply your home address.**

Name & Contractor code HB \_\_\_\_\_

Locum Home Address \_\_\_\_\_

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

Locum  Employee  Manager  Owner

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return to Community Pharmacy Development Team by post: Clarkston Court, 56 Busby Road, Glasgow, G76 7AT. Email: ggc.cpdevteam@nhs.scot**

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**EXPIRY DATE: April 2024**

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