**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 | Grampian | Orkney |

|  |  |  |
| --- | --- | --- |
| Borders | Gr Glasgow & Clyde | Shetland |

|  |  |  |
| --- | --- | --- |
| Dumfries & Galloway | Highland | Tayside |

|  |  |  |
| --- | --- | --- |
| Fife | Lanarkshire | Western Isles |

|  |  |
| --- | --- |
| Forth Valley | Lothian |

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