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**Appendix 2**

**Healthcare Professionals Authorisation to Supply Medicine(s) Under Patient Group Direction**

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| **The Lead manager/Professional** of each clinical area is responsible for maintaining records of all clinical areas where this PGD is in use, and to whom it has been disseminated. | | | | | | | | | |
| **The Senior Nurse/Professional** who approves a healthcare professional to supply the medicine(s) under this PGD is responsible for ensuring that he or she is competent, qualified and trained to do so, and for maintaining an up-to-date record of such approved persons. | | | | | | | | | |
| **The Healthcare Professional** that is approved to supply the medicine(s) under this PGD is responsible for ensuring that he or she understands and is qualified, trained and competent to undertake the duties required. The approved person is also responsible for ensuring that supply is carried out within the terms of the direction, and according to his or her individual code of professional practice and conduct. | | | | | | | | | |
| **Patient Group Direction For The Supply Of Medicines Included In The Malaria Prophylaxis PGD Formulary By Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside And Western Isles, Version 2** | | | | | | | | | |
| **Local clinical area(s) where the listed healthcare professionals will operate under this PGD:** | | | | | | | | | |
| **Name of Healthcare Professional** | | **Signature** | | **Date** | | **Name of Manager** | | **Signature** | **Date** |
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| **Patient Group Direction For The Supply Of Medicines Included In The Malaria Prophylaxis PGD Formulary By Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside And Western Isles, Version 2** | | | | | | | | | |
| **Name of Healthcare Professional** | **Signature** | | **Date** | | **Name of Manager** | | **Signature** | | **Date** |
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