Appendix 1 - Individual Authorisation

PGD FOR THE SUPPLY OF HYDROCORTISONE 1% CREAM OR OINTMENT BY COMMUNITY PHARMACISTS UNDER THE "NHS PHARMACY FIRST SCOTLAND" SERVICE

This PGD does not remove professional obligations and accountability.

It is the responsibility of each professional to practice within the bounds of their own competence and in accordance with the General Pharmaceutical Council Standards for Pharmacy Professionals.

Authorised staff should be provided with an individual copy of the clinical content of the PGD and a copy of the document showing their authorisation.

This authorisation sheet should be retained to serve as a record of those practitioners authorised to work under this PGD.

I have read and understood the PGD authorised by each of the NHS Boards I wish to operate in and agree to provide hydrocortisone 1% cream or ointment only in accordance with this PGD.

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 confirm you have signed this PGD with each Health Board you work in. Follow individual Health Board processes for submitting authorisation.

Ayrshire & Arran	☐	Grampian	☐	Orkney	☐
Borders	☐	Gr Glasgow & Clyde	☐	Shetland	☐
Dumfries & Galloway	☐	Highland	☐	Tayside	☐
Fife	☐	Lanarkshire	☐	Western Isles	☐
Forth Valley	☐	Lothian	☐		