

PHARMACY RECORD OF INDIVIDUAL AUTHORISATION GUIDANCE

- Each pharmacist who wishes to supply medicines, appliances and/or ACBS products under the PGD from these premises must ensure that they have read the PGD, signed the individual authorisation and sent a copy of the individual authorisation to the appropriate Health Board.
- As soon as you have signed the PGD you are eligible to make a supply immediately. However, you should send a copy of the individual authorisation to your Health Board by post or email as listed in the Authorisation Form
- For payment purposes the contractor must ensure that at least one Pharmacist has named their pharmacy as the normal pharmacy location on the individual Authorisation Form.
- A pharmacist who works in more than one Health Board area must ensure each Health Board receives a copy of the signed individual Authorisation Form.
- **It is the responsibility of the authorising manager to provide each pharmacist working within their pharmacy access to the PGD and the individual authorisation sheet (see below).** The PGD is held on the following website address:
<https://www.communitypharmacy.scot.nhs.uk/unscheduled-care>
- For governance purposes, **it is the responsibility of the authorising manager to keep a list of all pharmacists who are signed up to use the PGD in his/her premises and to ensure that all pharmacists working in the premises are familiar with and use the PGD where appropriate.**

Urgent Provision of Medicines, Appliances and/or ACBS products

Pharmacy Record of 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 their own Code of Conduct.

Pharmacy name and address

I have read and understood the National PGD for Urgent Provision of Medicines, Appliances and ACBS Products, and agree to provide these medicines and/or appliances only in accordance with this PGD

Name of Pharmacist	Registration number	Signature	Date

Urgent Provision of Medicines, Appliances and/or ACBS products
