

This Patient Group Direction (PGD) must only be used by registered healthcare professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used.

## PATIENT GROUP DIRECTION (PGD)

Administration of ulipristal acetate 30mg tablet for emergency contraception in BPAS clinics

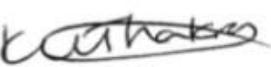
Version Number 2.0

Change History	
Version and Date	Change Details
Version 1 <i>April 2020</i>	New document. Taken from SPS template v2.1 (published October 23)
Version 2.0 <i>November 2025</i>	Breast feeding is no longer an exclusion as per FSRH statement. Added statement on exclusion for people who have missed two or more pills in week one of cycle. Updated references. Clarified statement regarding omitted pills. Planned end of life review. Updated reference to FSRH to CoSRH. Added missed pill scenario to exclusion criteria. Minor rewording to align the EC PGDs content, and update terminology.

*N.B. Review and update may occur prior to this period if national guidance changes or legal or clinical issues arise.*

## BPAS PGD Organisational Authorisations:

This PGD is not legally valid until it has had the relevant organisational authorisations below.

Name	Job title and organisation	Signature	Date
Mary Sexton	BPAS Clinical Director		04.12.2025
Dr Nigel Acheson	BPAS Medical Director		04.12.2025
Kalpesh Thakrar	BPAS Deputy Chief Pharmacist		04.12.2025

Authorising Body:

Dr Fiona Lemmens	Executive Clinical Director, Cheshire and Merseyside ICB		03/03/2026
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<b>Responsible person who has approved this PGD on behalf of BPAS</b>	Name: Heidi Stewart
	Position: BPAS Chief Executive Officer
	Signature:
	Date: 04.12.2025

Glossary	
BPAS	British Pregnancy Advisory Service
BMI	Body Mass Index
BLS	Basic life support
BNF	British National Formulary
CoSRH	College of Sexual and Reproductive Health
CPPE	Centre for Pharmacy Postgraduate Education
EC	Emergency contraception
IUD	Intrauterine device
LNG-EC	Levonorgestrel emergency contraception
MHRA	Medicines Health Regulatory Agency
NICE	National Institute for Health and Care Excellence
NMC	Nursing and Midwifery Council
SmPC	Summary of medicinal product characteristics
STI	Sexually transmitted infection
TTO	To take out
UPSI	Unprotected sexual intercourse
UPA-EC	Ulipristal acetate emergency contraception

**PGD DEVELOPMENT GROUP**

Date PGD template comes into effect:	1 <sup>st</sup> March 2026
Review date:	September 2028
Expiry date:	28 <sup>th</sup> February 2029

This PGD template has been peer reviewed by the Reproductive Health PGDs Short Life Working Group in accordance with their Terms of Reference.

Note the working group and approving organisation(s) agreement to the content only applies to the national template and does not extend to any local adaptations made to any of the content which are solely the responsibility of the organisation authorising the PGD. The most up to date version of the template is available from the [SPS national PGD template webpage](#).

**This section MUST REMAIN when a PGD is adopted by an organisation.**

Name	Designation
Alison Crompton	Community pharmacist
Bola Sotubo	NHS North East London ICB pharmacist
Carmel Lloyd	Royal College of Midwives (RCM)
Dr Cindy Farmer	Senior Vice President, Professional Learning and Development, College of Sexual and Reproductive Healthcare (CoSRH)
Clare Livingstone	Royal College of Midwives (RCM)
Dipti Patel	Local authority pharmacist
Emma Anderson	Centre for Postgraduate Pharmacy Education (CPPE)
Heather Randle	Royal College of Nursing
Julia Hogan	Clinical Nurse Specialist
Kate Devonport	National Unplanned Pregnancy Association (NUPAS)
Kirsty Armstrong	National Pharmacy Integration Lead, NHS England
Lisa Knight	Community Health Services pharmacist
Michelle Jenkins	Clinical Nurse Specialist Sexual Health Blackpool Teaching Hospitals, and member of Courses and CPD Committee, College of Sexual and Reproductive Healthcare (CoSRH)
Portia Jackson	Lead Pharmacist iCaSH, Cambridgeshire Community Services
Rachel Logan	Senior Pharmacist, BPAS
Tanya Lane	CoSRH Registered Trainer MSI reproductive Choices
Jo Jenkins	Associate Director Medicines Governance, Medicines Use and Safety, Specialist Pharmacy Service
Kieran Reynolds	Advanced Specialist Pharmacist - Medicines Governance Specialist Pharmacy Service
Rosie Furner (Working Group Co-ordinator)	Advanced Specialist Pharmacist PGDs and Medicine Mechanisms, Specialist Pharmacy Service
Sandra Wolper	Out of Hospital Care Lead, Medicines Use and Safety Specialist Pharmacy Service

<b>Characteristics of staff authorised to use this PGD:</b>	
<b>Qualifications and professional registration</b>	<p>Current contract of employment with BPAS</p> <p>Registered healthcare professional (HCP) listed in <a href="#">The Human Medicines Regulation 2012, Schedule 16 Part 4 legislation</a> as able to practice under Patient Group Directions.</p>
<b>Initial training</b>	<p>The registered healthcare professional authorised to operate under this PGD must have undertaken appropriate education and training and successfully completed the competencies to undertake clinical assessment of patients ensuring safe provision of the medicines listed in accordance with local policy:</p> <ul style="list-style-type: none"> <li>• Must be familiar with the medicine and observant to changes in the <a href="#">BNF</a> and <a href="#">Summary of Product Characteristics</a> (SmPC)</li> <li>• Pharmacological knowledge relating to the administration and supply of the medicine, its uses, contraindications, dosage and adverse effects including tailored dosing schedules.</li> <li>• Must have completed CoSRH 'Essential Contraception for Abortion Care Providers' training or equivalent. <a href="#">Essential Contraception for Abortion Care Providers   CoSRH</a></li> <li>• Must have completed BPAS in-house contraception training <a href="https://bpas.kallidus-suite.com/learn/">https://bpas.kallidus-suite.com/learn/</a></li> <li>• Individual must have completed BPAS Essentials of Contraception interactive session</li> <li>• Must be competent in the administration of adrenaline for anaphylaxis and have up to date Basic Life Support (BLS) skills as a minimum</li> </ul> <p>Individual has undertaken appropriate training for working under PGDs for the supply and administration of medicines:</p> <ul style="list-style-type: none"> <li>• Recommended training - <a href="#">eLfH PGD elearning programme</a></li> <li>• Must have completed BPAS in-house PGD training package <a href="https://bpas.kallidus-suite.com/learn/">https://bpas.kallidus-suite.com/learn/</a></li> </ul> <p>Must have completed required BPAS training (including updates) in safeguarding children and vulnerable adults in line with BPAS policy: BPAS <a href="#">Safeguarding Adults at Risk</a> policy. BPAS <a href="#">Safeguarding Children and Young People</a> policy.</p>
<b>Competency Assessment</b>	<ul style="list-style-type: none"> <li>• Individuals operating under this PGD must be assessed as competent (see appendix A) or complete a self-declaration of competence for contraception supply.</li> <li>• Staff operating under this PGD are encouraged to review their own competency using the <a href="#">NICE Competency Framework for Health Professionals using Patient Group Directions</a></li> </ul>
<b>Ongoing training and competency</b>	<ul style="list-style-type: none"> <li>• Individuals operating under this PGD are personally responsible for ensuring they remain up to date with the use of all medicines and guidance included in the PGD - if any training needs are identified these should be addressed and further training provided as required.</li> <li>• Practitioners must complete 3-yearly BPAS PGD Theory Refresher training and competency assessment as per BPAS PGD policy <a href="#">Patient Group Directions (PGDs) and Other Legal Mechanisms for Supply of Medicines</a></li> </ul>

	<ul style="list-style-type: none"> <li>Practitioners must ensure they remain up to date with relevant clinical skills, management of anaphylaxis, BLS (as a minimum), with evidence of continued professional development</li> </ul> <p>Practitioners are responsible for maintaining their competency to work under this PGD</p>
<p>The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisational policy.</p>	

<b>Clinical condition or situation to which this PGD applies:</b>	
<b>Clinical condition or situation to which this PGD applies</b>	To reduce the risk of pregnancy after unprotected sexual intercourse (UPSI) or regular contraception has been compromised or used incorrectly.
<b>Criteria for inclusion</b>	<ul style="list-style-type: none"> <li>Any individual presenting for emergency contraception (EC) between 0 and 120 hours following UPSI or when regular contraception has been compromised or used incorrectly.</li> <li>No contraindications to the medication.</li> <li>Informed consent given.</li> </ul>
<b>Criteria for exclusion</b>	<ul style="list-style-type: none"> <li>Informed consent not given.</li> <li>Individuals under 16 years old and assessed as lacking capacity to consent using the Fraser Guidelines.</li> <li>Individuals 16 years of age and over and assessed as lacking capacity to consent.</li> <li>This episode of UPSI occurred more than 120 hours ago. N.B. A dose may be given if there have been previous untreated or treated episodes of UPSI within the current cycle if the most recent episode of UPSI is within 120 hours.</li> <li>Known pregnancy (N.B. a previous episode of UPSI in this cycle is not an exclusion. Consider pregnancy test if more than three weeks after UPSI and no normal menstrual period since UPSI).</li> <li>Less than 21 days after childbirth.</li> <li>Less than 5 days after miscarriage, abortion, ectopic pregnancy or uterine evacuation for gestational trophoblastic disease (GTD).</li> <li>Known hypersensitivity to the active ingredient or to any component of the product as detailed in the <a href="#">Summary of Product Characteristics (SmPC) which can be accessed on the EMC website</a></li> <li>Use of levonorgestrel (LNG-EC) or any other progestogen in the previous 7 days (i.e. hormonal contraception including combined oral contraception, hormone replacement therapy (or use for other gynaecological indications)).</li> <li>UPA-EC is not recommended in a missed pill situation. The individual should be referred to a prescriber in this specific circumstance. This exclusion applies to supply of UPA-EC via a PGD, other legal mechanisms for supply are available.</li> <li>Concurrent use of antacids, proton-pump inhibitors or H<sub>2</sub>-receptor antagonists including any non-prescription (i.e. over the counter) products being taken</li> <li>Severe asthma controlled by oral glucocorticoids.</li> <li>Individuals using enzyme-inducing drugs/herbal products or within 4 weeks of stopping.</li> <li>Acute porphyria</li> </ul>
<b>Cautions/Circumstances in which further advice should be sought</b>	<ul style="list-style-type: none"> <li>All individuals should be informed that insertion of a copper intrauterine device (Cu-IUD) within five days of UPSI or within five days from earliest estimated ovulation is the most effective method of emergency</li> </ul>

<b>(including any relevant action to be taken)</b>	<p>contraception. If a Cu-IUD is appropriate and acceptable supply oral EC and refer to the appropriate health service provider.</p> <ul style="list-style-type: none"> <li>• Ulipristal acetate (UPA-EC) is ineffective if taken after ovulation.</li> <li>• If individual vomits within three hours from ingestion, a repeat dose may be given.</li> <li>• Body Mass Index (BMI) &gt;26kg/m<sup>2</sup> or weight &gt;70kg – individuals should be advised that though oral EC methods may be safely used, a high BMI may reduce the effectiveness. A Cu-IUD should be recommended as the most effective method of EC.</li> <li>• Consideration should be given to the current disease status of those with severe malabsorption syndromes, such as acute/active inflammatory bowel disease or Crohn's disease. Although the use of UPA-EC is not contra-indicated it may be less effective and so these individuals should be advised that insertion of Cu-IUD would be the most effective emergency contraception for them and referred accordingly if agreed.</li> <li>• The effectiveness of UPA-EC can be reduced by progestogen taken in the following 5 days and individuals must be advised not to take progestogen containing drugs, including combined oral contraception, for 5 days after UPA-EC. See section 'Written information and further advice to be given to individual'.</li> <li>• If the individual is less than 16 years of age an assessment based on Fraser guidelines must be made and documented.</li> <li>• If the individual is less than 13 years of age the healthcare professional should speak to local safeguarding lead and follow the policy <a href="#">Safeguarding Children and Young People</a></li> <li>• If the individual has not yet reached menarche consider onward referral for further assessment or investigation.</li> </ul>
<b>Action to be taken if the individual is excluded or declines treatment</b>	<ul style="list-style-type: none"> <li>• Explain the reasons for exclusion to the individual and document in the consultation record.</li> <li>• Record reason for decline in the consultation record.</li> <li>• Offer suitable alternative emergency contraception or refer the individual as soon as possible to a suitable health service provider if appropriate and/or provide them with information about further options.</li> </ul>

<b>Description of treatment:</b>	
<b>Name, strength and formulation medicine</b>	Ulipristal acetate 30mg tablet
<b>Legal category</b>	P
<b>Route / method of administration</b>	Oral
<b>Indicate any off-label use (if relevant)</b>	<p>Best practice advice given by College of Sexual and Reproductive Healthcare (CoSRH) is used for guidance in this PGD and may vary from the <a href="#">Summary of Product Characteristics (SmPC) which can be accessed on the EMC website</a>.</p> <p>This PGD includes off-label use in the following conditions:</p> <ul style="list-style-type: none"> <li>• Severe hepatic impairment</li> <li>• galactose intolerance, total lactase deficiency, glucose-galactose malabsorption</li> </ul> <p>Medicines should be stored according to the conditions detailed in the Storage section in this table. However, in the event of an inadvertent or unavoidable deviation of these conditions the local pharmacy or Medicines</p>

	<p>Management team must be consulted. Where drugs have been assessed by pharmacy/Medicines Management in accordance with national or specific product recommendations as appropriate for continued use this would constitute off-label administration under this PGD. The responsibility for the decision to release the affected drugs for use lies with pharmacy/Medicines Management.</p> <p>Where a drug is recommended off-label consider, as part of the consent process, informing the individual/parent/carer that the drug is being offered in accordance with national guidance but that this is outside the product licence.</p>
<b>Dose and frequency of administration</b>	<p>One tablet (30mg) as a single dose taken as soon as possible up to 120 hours after UPSI.</p> <p>EHC may be used following UPSI from Day 5 after miscarriage, abortion, ectopic pregnancy or uterine evacuation for gestational trophoblastic disease (GTD)</p>
<b>Duration of treatment</b>	<ul style="list-style-type: none"> <li>• A single dose is permitted under this PGD.</li> <li>• If vomiting occurs within 3 hours of UPA-EC being taken a repeat dose can be supplied under this PGD.</li> <li>• Repeated doses, as separate episodes of care, can be given within the same cycle. Please note: <ul style="list-style-type: none"> <li>○ If within 7 days of previous LNG-EC offer LNG-EC again (not UPA-EC)</li> <li>○ If within 5 days of UPA-EC then offer UPA-EC again (not LNG-EC)</li> </ul> </li> </ul>
<b>Total quantity to be administered</b>	One tablet
<b>Storage</b>	Medicines must be stored securely according to national guidelines in line with the BPAS Medicines Management policy <a href="#">Medicines Management Policy</a> and in accordance with the <a href="#">Summary of Product Characteristics (SmPC) which can be accessed on the EMC website</a>
<b>Drug interactions</b>	<p>A detailed list of drug interactions is included in the <a href="#">Summary of Product Characteristics (SmPC) which can be accessed on the EMC website</a> or <a href="#">the BNF</a></p> <p>Refer also to Refer also to <a href="#">CoSRH guidance on drug interactions with hormonal contraception</a></p>
<b>Identification and management of adverse reactions</b>	<p>A detailed list of adverse reactions is included in the <a href="#">Summary of Product Characteristics (SmPC) which can be accessed on the EMC website</a> or <a href="#">the BNF</a></p> <p>The following side effects are common with UPA-EC (but may not reflect all reported side effects):</p> <ul style="list-style-type: none"> <li>• Nausea or vomiting</li> <li>• Abdominal pain or discomfort</li> <li>• Headache</li> <li>• Dizziness</li> <li>• Muscle pain (myalgia)</li> <li>• Dysmenorrhea</li> <li>• Pelvic pain</li> <li>• Breast tenderness</li> <li>• Mood changes</li> <li>• Fatigue</li> <li>• The CoSRH advises that disruption to the menstrual cycle is possible</li> </ul>

	following emergency contraception.
<b>Management and reporting procedure for adverse reactions</b>	<ul style="list-style-type: none"> <li>Healthcare professionals and individuals are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: <a href="http://yellowcard.mhra.gov.uk">http://yellowcard.mhra.gov.uk</a></li> <li>Record all adverse drug reactions (ADRs) in the individual's medical record.</li> <li>Report any adverse reactions via <a href="#">InPhase</a>.</li> </ul>
<b>Written information and further advice to be given to the individual or carer</b>	<ul style="list-style-type: none"> <li>All methods of emergency contraception should be discussed. All individuals should be informed that fitting a Cu-IUD within five days of UPSI or within five days from the earliest estimated ovulation is the most effective method of emergency contraception.</li> <li>Ensure that a patient information leaflet (PIL) is provided within the original pack.</li> <li>If vomiting occurs within three hours of taking the dose, the individual should return for another dose.</li> <li>Explain that menstrual disturbances can occur after the use of emergency hormonal contraception.</li> <li>Provide advice on ongoing contraceptive methods, including how these can be accessed.</li> <li>Repeated episodes of UPSI within one menstrual cycle - the dose may be repeated more than once in the same menstrual cycle should the need occur.</li> <li>In line with FSRH guidance individuals using hormonal contraception should delay restarting their regular hormonal contraception for 5 days following UPA-EC use (NB missed pill scenario is excluded from this PGD). Avoidance of pregnancy risk (i.e. use of condoms or abstain from intercourse) should be advised until fully effective.</li> <li>Advise a pregnancy test three weeks after treatment especially if the expected period is delayed by more than seven days or abnormal (e.g. shorter or lighter than usual), or if using hormonal contraception which may affect bleeding pattern.</li> <li>Promote the use of condoms to protect against sexually transmitted infections (STIs) and advise on the possible need for screening for STIs.</li> <li>There is no evidence of harm if someone becomes pregnant in a cycle when they had used emergency hormonal contraception.</li> <li>Advise to consult a pharmacist, nurse or doctor before taking any new medicines including those purchased.</li> </ul>
<b>Follow-up advice to be given to the individual or carer</b>	<ul style="list-style-type: none"> <li>The individual should be advised to seek medical advice in the event of an adverse reaction.</li> <li>The individual should attend an appropriate health service provider if their period is delayed, absent or abnormal or if they are otherwise concerned.</li> <li>Pregnancy test as required (see advice to individual above).</li> <li>Individuals advised how to access on-going contraception and STI screening as required.</li> </ul>
<b>Records to be kept</b>	<p>The following must be recorded in the patient records in line with the BPAS' Record Keeping policy <a href="#">Record Keeping</a>, using black ink if written:</p> <ul style="list-style-type: none"> <li>The consent of the individual and <ul style="list-style-type: none"> <li>If individual is under 13 years of age record action taken</li> <li>If individual is under 16 years of age document capacity using Fraser guidelines. If not competent record action taken.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ If individual over 16 years of age and not competent, record action taken</li> <li>• Name of individual, address, patient BPAS identification number, date of birth</li> <li>• Relevant past and present medical history, including medication history. Examination finding where relevant e.g. weight</li> <li>• Any known drug allergies</li> <li>• Name of registered health professional operating under the PGD</li> <li>• Name of medication administered</li> <li>• Date of administration</li> <li>• Dose administered</li> <li>• Quantity supplied including batch number and expiry <a href="#">Patient Group Directions (PGDs) and Other Legal Mechanisms for Supply of Medicines</a></li> <li>• Advice given, including advice given if excluded or declines treatment</li> <li>• Details of any adverse drug reactions and actions taken</li> <li>• Advice given about the medication including side effects, benefits, and when and what to do if any concerns</li> <li>• Any referral arrangements made</li> <li>• Any supply outside the terms of the product marketing authorisation</li> <li>• Recorded that supplied via Patient Group Direction (PGD)</li> </ul> <p>Records should be signed and dated (or a password controlled e-records) and securely kept for a defined period in line with local policy. <a href="#">Patient Group Directions (PGDs) and Other Legal Mechanisms for Supply of Medicines</a></p> <p>All records should be clear, legible and contemporaneous.</p> <p>A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy. <a href="#">Patient Group Directions (PGDs) and Other Legal Mechanisms for Supply of Medicines</a></p>
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<b>Key References</b>	
<b>Key references (accessed August 2025)</b>	<ul style="list-style-type: none"> <li>• Electronic Medicines Compendium <a href="http://www.medicines.org.uk/">http://www.medicines.org.uk/</a></li> <li>• Electronic BNF <a href="https://bnf.nice.org.uk/">https://bnf.nice.org.uk/</a></li> <li>• NICE Medicines practice guideline “Patient Group Directions” 2017 <a href="https://www.nice.org.uk/guidance/mpg2">https://www.nice.org.uk/guidance/mpg2</a></li> <li>• College of Sexual and Reproductive Health Clinical Guidance: Emergency Contraception - March 2017 (Amended July 2023) <a href="#">FSRH Clinical Guideline: Emergency Contraception (March 2017, amended July 2023)   FSRH</a></li> <li>• College of Sexual and Reproductive Health Drug Interactions with Hormonal Contraception – May 2022 <a href="#">FSRH CEU Guidance: Drug Interactions with Hormonal Contraception (May 2022)   FSRH</a></li> <li>• College of Sexual and Reproductive Health Statement: Ulipristal Acetate and Breastfeeding (2025) <a href="#">FSRH Statement: Ulipristal Acetate and Breastfeeding (Jan 2025)   FSRH</a></li> <li>• Royal Pharmaceutical Society Safe and Secure Handling of Medicines December 2018 <a href="https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines">https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines</a></li> </ul>

	<ul style="list-style-type: none"> <li>• BPAS Patient Group Directions (PGDs) and Other Legal Mechanisms for Supply of Medicines. Updated November 2024 <a href="#">Patient Group Directions (PGDs) and Other Legal Mechanisms for Supply of Medicines</a></li> <li>• BPAS Safeguarding Adults at Risk policy. Updated July 2025 <a href="#">Safeguarding Adults at Risk</a></li> <li>• BPAS Safeguarding Children and Young People policy. Updated August 2025 <a href="#">Safeguarding Children and Young People</a></li> <li>• BPAS Medicines Management Policy. Updated May 2025. <a href="#">Medicines Management Policy</a></li> <li>• BPAS Record Keeping Policy. Updated December 2023. <a href="#">Record Keeping</a></li> </ul>
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**Audit and ongoing monitoring of this PGD**

Please refer to the ‘Audit’ section of the BPAS Patient Group Direction policy for additional guidance in relation to PGD audit. [Patient Group Directions \(PGDs\) and Other Legal Mechanisms for Supply of Medicines](#)

The PGD audit tool is available here: [British Pregnancy Advisory Service - Audit Tools - All Documents \(sharepoint.com\)](#).

**Appendix A:**

**Approved Practitioner List**

**Patient Group Direction (PGD) name:**

Supply and administration of ulipristal in BPAS clinics v2.0	
<b>Valid from: 01/03/2026</b>	<b>Expiry: 28/02/2029</b>

Before signing this PGD, check that the document has had the necessary authorisations. Without these, this PGD is not lawfully valid.

**Registered health professional**

By signing this patient group direction, you are indicating that you agree to its contents and that you will work within it and agree with the following statement:

'I confirm that I have read and understood the content of this Patient Group Direction and that I am willing and competent to work to it within my professional code of conduct.'

Patient group directions do 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 professional code of conduct.

<b><i>I confirm that I have read and understood the contents of this PGD. I confirm that I am willing and competent to work to this PGD within my professional code of conduct.</i></b>				
<b>Name (print)</b>	<b>Designation</b>	<b>Registration number</b>	<b>Signature</b>	<b>Date</b>

**Authorising manager**

<b><i>I confirm that the registered health professionals named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of BPAS for the above-named health care professionals who have signed the PGD to work under it.</i></b>				
<b>Name</b>	<b>Position</b>	<b>BPAS Treatment Unit</b>	<b>Signature</b>	<b>Date:</b>

**Note to authorising manager.**

- Score through unused rows in the list of registered health professionals to prevent additions post managerial authorisation.
- If registered health professional signatures need to be added at a later date, e.g. due to staffing changes, a separate Approved Practitioner List must be signed, ensuring the correct PGD name and version is detailed.
- This authorisation sheet should be retained to serve as a record of those registered health professionals authorised to work under this PGD for the period specified in the BPAS PGD policy.
- This list must be stored by the Treatment Unit in a designated folder and be available for immediate inspection, alongside any training / competency records. If a registered professional works across multiple sites, they must sign the Approved Practitioner List for each PGD at each BPAS site where they will use the PGD.