Insert logo of [authorising body](https://protect.checkpoint.com/v2/___https://www.nice.org.uk/guidance/mpg2/chapter/Recommendations___.bXQtcHJvZC1jcC1ldXcyLTE6dW5pdmVyc2l0eWhvc3BpdGFsc291dGhhbXB0b246YzpvOmUxNGJkOTliZDY0ODhkNDkxMDM3MjdjODlmODU1NWU5OjY6Y2Y4NjoyMDhlMGU1MTU0ZGZmZWFhMjNlN2I3YWJjNzJkNmY2ZDc4Y2FmNWU2YTFjY2Q2YmU5NjFjYTg1NzJkZGIzNzNiOnA6VDpO#terms-used-in-the-guideline)

|  |
| --- |
| 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)**

**Supply of folic acid 5mg tablets to reduce the risk of neural tube defect or to compensate for the increased demand for folate during pregnancy location/service/organisation**

Version Number 2.0

|  |  |
| --- | --- |
| **Change History** | |
| **Version and Date** | **Change details** |
| Version 1  February 2022 | New template |
| Version 2  October 2024 | Planned review. Updated exclusion criteria in line with SmPC. SLWG membership updated. Minor formatting changes. Watermark removed. |

Each organisation using this PGD must ensure that it is formally signed by a senior pharmacist, a senior doctor and any other professional group representatives involved in its review and that it is reviewed in line with the organisations’ PGD governance system. The organisation’s governance lead must sign to authorise the PGD on behalf of the authorising organisation to ensure that this document meets legal requirements for a PGD.

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

**PGD DEVELOPMENT GROUP**

|  |  |
| --- | --- |
| Date PGD template comes into effect: | 1st February 2025 |
| Review date | August 2027 |
| Expiry date: | 31st January 2028 |

This PGD template has been peer reviewed by the Preventative Medicines in Pregnancy PGDs Short Life Working Group (SLWG) in accordance with their Terms of Reference. It has been endorsed by Professor Donald Peebles, National Clinical Director for Maternity NHS England.

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

|  |  |  |
| --- | --- | --- |
| **Name** | **Designation** | **DATE** |
| Amy Moore | Pharmacist HIV, Sexual and Reproductive Health Kingston Hospital NHS Foundation Trust | October 2024 |
| Christina Nurmahi | Women & Newborn Care Group Lead Pharmacist, University Hospital Southampton NHS Foundation Trust |
| Emma Luhr | Director of Midwifery, Frimley Health NHS Foundation Trust |
| Felipe Castro Cardona | Head of Midwifery Clinical Workforce Chief Midwifery Office, NHS England |
| George Attilakos | Consultant in Fetal Medicine and Obstetrics in UCLH, Clinical Lead for Obstetrics and RCOG Council member |
| Hannah Putley | Policy Manager - Maternity and Neonatal, NHS Quality, Safety and Investigations, Department of Health and Social Care |
| Jo Jenkins | Associate Director Medicines Governance Specialist Pharmacy Service |
| Rosie Furner (Working Group Co-ordinator) | Advanced Specialist Pharmacist - Patient Group Directions and Medicines Mechanisms, Specialist Pharmacy Service |
| Sandy Richards | BSW LMNS Midwife NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB) |
| Trixie McAree | National Midwifery Lead for Continuity of Carer, National Clinical Advisor, (Midwifery), Choice and Personalisation. |
| Verena Wallace | Senior Midwifery Adviser (Policy), Nursing and Midwifery Council |
| William Rial | Regional Chief Pharmacist for East of England, NHS England |
| Zoë van Zuylen | Lead Women and Neonatal Pharmacist,  Imperial College Healthcare NHS Trust |

**The PGD template is not legally valid until it has had the relevant organisational approval - see below.**

**ORGANISATIONAL AUTHORISATIONS AND OTHER LEGAL REQUIREMENTS**

**This page may be deleted if replaced with a format agreed according to local PGD policy with relevant approvals and authorisation.**

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

To ensure compliance with the law, organisations must add local authorisation details i.e. clinical authorisations and the person signing on behalf of the authorising organisation. You may either complete details below or delete and use a format agreed according to local PGD policy which complies with PGD legislation and [NICE MPG2 PGD 2017](https://protect.checkpoint.com/v2/___https://www.nice.org.uk/Guidance/MPG2___.bXQtcHJvZC1jcC1ldXcyLTE6dW5pdmVyc2l0eWhvc3BpdGFsc291dGhhbXB0b246YzpvOmUxNGJkOTliZDY0ODhkNDkxMDM3MjdjODlmODU1NWU5OjY6NmE4MjoyM2FmODk3NGVhNGZmNjZmYmU2ZGZkMjVmMWY0Y2ZjNTIxZjMwNmQ3YjY0ZmQ4NzRmMzgzZjVkZDQ4NjE5ZmNhOnA6VDpO).

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Job title and organisation** | **Signature** | **Date** |
| **Senior doctor** |  |  |  |
| **Senior pharmacist** |  |  |  |
| **Senior representative of professional group using the PGD** |  |  |  |
| **Person signing on behalf of** [**authorising body**](https://protect.checkpoint.com/v2/___http://publications.nice.org.uk/patient-group-directions-gpg2/appendix-a-glossary___.bXQtcHJvZC1jcC1ldXcyLTE6dW5pdmVyc2l0eWhvc3BpdGFsc291dGhhbXB0b246YzpvOmUxNGJkOTliZDY0ODhkNDkxMDM3MjdjODlmODU1NWU5OjY6ODIwMjpmMGVjYzEzYmY0NjBmNjIwN2FlZmFlN2ZhYjVhYmNkYWViM2ZjZmZmNjI1MzcwNGY2MDBjMWNlZWRiM2IzYWY4OnA6VDpO#authorising-body) |  |  |  |

It is the responsibility of the provider organisation to ensure that all legal and governance requirements for using the PGD are met.

Authorising organisations must retain an Individual Practitioner Authorisation sheet, List of Authorised Practitioners or equivalent record of those authorised to operate under this PGD. This varies according to local policy and how the service is managed – it can be maintained physically or electronically according to local policy. An example is given in Appendix A.

PGDs 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 in accordance with their own Code of Professional Conduct. Individual practitioners must declare that they have read and understood the Patient Group Direction and agree to supply/administer medication(s) listed only in accordance with the PGD.

**ORGANISATIONS MAY ALSO ADD:**

* Local training and competency assessment documentation
* Other supporting local guidance or information
* Links to local PGD Policy and other supporting guidance
* Audit requirements

Any reference to a Trust protocol (either clinical to be followed as part of the administration of a medication with the PGD or for any other purpose) must be referenced and hyperlinked to ensure the practitioner acting under the PGD has direct access to the protocol for reference.

1. **Characteristics of staff**

|  |  |
| --- | --- |
| **Qualifications and professional registration** | Current contract of employment within an NHS commissioned service or an NHS Trust/Health Board/NHS organisation.  [Registered healthcare professional listed in the legislation](https://protect.checkpoint.com/v2/___https://www.gov.uk/government/publications/patient-group-directions-pgds/patient-group-directions-who-can-use-them___.bXQtcHJvZC1jcC1ldXcyLTE6dW5pdmVyc2l0eWhvc3BpdGFsc291dGhhbXB0b246YzpvOmUxNGJkOTliZDY0ODhkNDkxMDM3MjdjODlmODU1NWU5OjY6ZTg0ODpkMTczNDBhMGEzMDFlZjQwZGZlMjhlYzFjODcxYTAzZTJjYTI3MGM4ODAxNzFlMmEyOWFmYWY0MTJhMTc2ODljOnA6VDpO) as able to practice under Patient Group Directions. |
| **Initial training** | 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.  Recommended requirement for training would be successful completion of a relevant module/course accredited or endorsed by a university, Royal College of Midwives (RCM) accredited learning, or locally developed training. |
| **Competency assessment** | * Individuals operating under this PGD must be assessed as competent or complete a self-declaration of competence to operate under this PGD (see an example authorisation record sheet in Appendix A). * Staff operating under this PGD are encouraged to review their competency using the [NICE Competency Framework for health professionals using patient group directions](https://protect.checkpoint.com/v2/___https://www.nice.org.uk/guidance/mpg2/resources___.bXQtcHJvZC1jcC1ldXcyLTE6dW5pdmVyc2l0eWhvc3BpdGFsc291dGhhbXB0b246YzpvOmUxNGJkOTliZDY0ODhkNDkxMDM3MjdjODlmODU1NWU5OjY6ODc3MjpiZTcwZDgzOGIxZTg5M2RjOGUzY2NjMGZkMDA4NjRmNDAxNDUzNzQ0ZDFkOTllODgxNjQ1OGNhNzNlMDQ3NjFjOnA6VDpO) |
| **Ongoing training and competency** | * 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. * Organisational PGD and/or medication training as required by employing Trust/organisation. |
| The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisational policies. | |

1. **Clinical condition or situation to which this PGD applies**

|  |  |
| --- | --- |
| **Clinical condition or situation to which this PGD applies** | Individuals where there is an increased risk of neural tube defect or where there is a requirement to compensate for the increased demand for folate during pregnancy. |
| **Criteria for inclusion** | * Informed consent given. * For individuals in the following groups to be taken prior to conception (recommended for 3 months prior to conception where possible) and continued throughout the first 12 weeks of pregnancy:   + BMI ≥ 30kg/m2   + Previous pregnancy affected by neural tube defect   + Pregnant individual or baby’s biological father has a neural tube defect   + Family history of neural tube defect   + Diabetes type 1 or 2   + Individuals taking anti-epilepsy medication * For individuals in the following groups to be taken prior to conception (recommended for 3 months prior to conception where possible) and continued throughout the entire pregnancy (continued for 12 weeks for individuals on dolutegravir):   + Individuals with sickle cell disease, thalassaemia or thalassaemia trait.   + Individuals living with HIV who are planning to conceive/do conceive on dolutegravir (as per BHIVA guidelines) (if applicable to service) |
| **Criteria for exclusion** | * Consent not given. * Individuals aged under 16 years of age who are assessed as not competent to consent using Fraser Guidelines * Hypersensitivity/allergy to the active ingredient or any of the product excipients * Individuals with malignant disease, unless megaloblastic anaemia due to folic acid deficiency. * Individuals with known untreated vitamin B12 deficiency * Individuals with malabsorption states (e.g. coeliac disease, short bowel syndrome, lactase deficiency, pancreatic insufficiencies or liver disease) or those on sulfasalazine * Individuals with rare hereditary problems of galactosaemia, galactose intolerance, total lactase deficiency, glucose-galactose malabsorption, sucrase-isomaltase deficiency, fructose-1,6-bisphosphatase deficiency (also known as hereditary fructose intolerance): check the individual list of excipients available in the [SPC](https://www.medicines.org.uk/emc) before supplying. * Clinically significant drug interaction/s – see relevant section of this PGD and also refer to current British National Formulary (BNF) [www.bnf.org](https://protect.checkpoint.com/v2/___http://www.bnf.org___.bXQtcHJvZC1jcC1ldXcyLTE6dW5pdmVyc2l0eWhvc3BpdGFsc291dGhhbXB0b246YzpvOmUxNGJkOTliZDY0ODhkNDkxMDM3MjdjODlmODU1NWU5OjY6YmNlZDo3MmM3NTU1NTJjOTlhOTBhZjc5MjRhZTkwNmIzZjY1NTllMDM2YmE0NGJkNmJjZjY3OWY4MmEzOGYwOTE4YWZhOnA6VDpO) or individual product SPC [http://www.medicines.org.uk](https://protect.checkpoint.com/v2/___http://www.medicines.org.uk___.bXQtcHJvZC1jcC1ldXcyLTE6dW5pdmVyc2l0eWhvc3BpdGFsc291dGhhbXB0b246YzpvOmUxNGJkOTliZDY0ODhkNDkxMDM3MjdjODlmODU1NWU5OjY6NjNjYzoyODRmZDMxNTUzYTM1OTM0NzgwY2NlZjRlYWExY2M2NWFhNTU4NDQ1M2QyYjNkODZjMTU2NzBlMTMxMmVkODNlOnA6VDpO) |
| **Cautions including any relevant action to be taken** | * Discuss with appropriate medical/independent non-medical prescriber any medical condition or drug interaction of which the healthcare professional is unsure or uncertain |
| **Action to be taken if the individual is excluded or declines treatment** | * Explain the reasons for exclusion to the individual and document in the consultation record. * Record reason for decline in the consultation record. * Where required refer the individual to a suitable health service provider if appropriate and/or provide them with information about further options. |

1. **Description of treatment**

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| --- | --- |
| **Name, strength & formulation of drug** | Folic acid 5mg tablets |
| **Legal category** | POM |
| **Route of administration** | Oral |
| **Off label use** | Best practice advice is given by the RCOG and NICE and is used for guidance in this PGD and may vary from the Summary of Product Characteristics (SPC).  This PGD includes inclusion criteria, exclusion criteria and dosage regimens which are outside the market authorisation for many of the available products.  Medicines should be stored according to the conditions detailed in the Storage section below. However, in the event of an inadvertent or unavoidable deviation of these conditions the local pharmacy or Medicines Management team must be consulted. Where medicines 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 medicines for use lies with pharmacy/Medicines Management.  Where a medicine is recommended off-label consider, as part of the consent process, informing the individual/parent/carer that the medicine is being offered in accordance with national guidance but that this is outside the product licence. |
| **Dose and frequency of administration** | 5mg once daily |
| **Duration of treatment** | To be taken prior to conception (where possible) and continued throughout the **first 12 weeks** of pregnancy or continued throughout the **entire pregnancy** as defined in the inclusion criteria. |
| **Quantity to be supplied** | Supply of appropriate labelled packs of 28x5mg tablets can be made up to a maximum of XXX packs.  Amend to reflect local supply agreement. |
| **Storage** | Medicines must be stored securely according to national guidelines. |
| **Drug interactions** | **All concurrent medications must be checked for interactions.** A detailed list of drug interactions is available in the individual product SPC, which is available from the electronic Medicines Compendium website www.medicines.org.uk the BNF [www.bnf.org](https://protect.checkpoint.com/v2/___http://www.bnf.org___.bXQtcHJvZC1jcC1ldXcyLTE6dW5pdmVyc2l0eWhvc3BpdGFsc291dGhhbXB0b246YzpvOmUxNGJkOTliZDY0ODhkNDkxMDM3MjdjODlmODU1NWU5OjY6YmNlZDo3MmM3NTU1NTJjOTlhOTBhZjc5MjRhZTkwNmIzZjY1NTllMDM2YmE0NGJkNmJjZjY3OWY4MmEzOGYwOTE4YWZhOnA6VDpO)  Where a clinically significant interaction is identified discuss with appropriate prescriber. |
| **Identification & management of adverse reactions** | A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website: [www.medicines.org.uk](https://protect.checkpoint.com/v2/___http://www.medicines.org.uk___.bXQtcHJvZC1jcC1ldXcyLTE6dW5pdmVyc2l0eWhvc3BpdGFsc291dGhhbXB0b246YzpvOmUxNGJkOTliZDY0ODhkNDkxMDM3MjdjODlmODU1NWU5OjY6NjNjYzoyODRmZDMxNTUzYTM1OTM0NzgwY2NlZjRlYWExY2M2NWFhNTU4NDQ1M2QyYjNkODZjMTU2NzBlMTMxMmVkODNlOnA6VDpO) and BNF [www.bnf.org](https://protect.checkpoint.com/v2/___http://www.bnf.org___.bXQtcHJvZC1jcC1ldXcyLTE6dW5pdmVyc2l0eWhvc3BpdGFsc291dGhhbXB0b246YzpvOmUxNGJkOTliZDY0ODhkNDkxMDM3MjdjODlmODU1NWU5OjY6YmNlZDo3MmM3NTU1NTJjOTlhOTBhZjc5MjRhZTkwNmIzZjY1NTllMDM2YmE0NGJkNmJjZjY3OWY4MmEzOGYwOTE4YWZhOnA6VDpO)  The following possible adverse effects are rarely reported with folic acid (but may not reflect all reported adverse effects):   * Abdominal distension * Decreased appetite * Flatulence * Nausea * Vitamin B12 deficiency exacerbated * Skin reaction – erythema, rash, pruritis, urticaria |
| **Management of and reporting procedure for adverse reactions** | * Any individual experiencing mild side effects should contact their community midwife in the first instance for advice – where, if clinically necessary, the midwife should advise on any need for immediate discontinuation and refer to a specialist clinician for further advice. * Healthcare professionals and patients/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: [http://yellowcard.mhra.gov.uk](https://protect.checkpoint.com/v2/___http://yellowcard.mhra.gov.uk___.bXQtcHJvZC1jcC1ldXcyLTE6dW5pdmVyc2l0eWhvc3BpdGFsc291dGhhbXB0b246YzpvOmUxNGJkOTliZDY0ODhkNDkxMDM3MjdjODlmODU1NWU5OjY6YTg2MDpmNjc5ZmFhZTMzNTVmZjJlMmRiMDVhZDNkNTk0NjI1YTY4MGRjNjY0MTgzNWUxOWZhMTUwNmZmNWI1OTNmYTFjOnA6VDpO) * Record all adverse drug reactions (ADRs) in the patient’s medical record. * Report via organisation incident policy. |
| **Written information and further advice to be given to individual** | * Provide patient information leaflet (PIL) provided with the original pack. * Explain mode of action, side effects, and benefits of the medicine |
| **Advice / follow up treatment** | * The individual should be advised to seek medical advice in the event of an adverse reaction. * Individual to seek further advice if they have any concerns * Follow up appointments should be arranged as per local policy. |
| **Records** | **Record:**   * The consent of the individual and   + If individual is under 16 years of age document capacity using Fraser guidelines. If not competent record action taken.   + If individual over 16 years of age and not competent, record action taken * Name of individual, address, date of birth * GP contact details where appropriate * Relevant past and present medical history, including medication and family history. * Examination finding where relevant * Any known allergies * Name of registered health professional * Name of medication supplied * Date of supply * Dose supplied * Quantity supplied * Advice given, including advice given if excluded or declines treatment * Details of any adverse drug reactions and actions taken * Advice given about the medication including side effects, benefits, and when and what to do if any concerns * Any referral arrangements made * Any supply outside the terms of the product marketing authorisation * Recorded that supply is via Patient Group Direction (PGD)   Records should be signed and dated (or a password controlled e-records) and securely kept for a defined period in line with local policy.  All records should be clear, legible and contemporaneous.  A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy. |

1. **Key references**

|  |  |
| --- | --- |
| **Key references (accessed July 2024)** | * Electronic Medicines Compendium [http://www.medicines.org.uk/](https://protect.checkpoint.com/v2/___http://www.medicines.org.uk/___.bXQtcHJvZC1jcC1ldXcyLTE6dW5pdmVyc2l0eWhvc3BpdGFsc291dGhhbXB0b246YzpvOmUxNGJkOTliZDY0ODhkNDkxMDM3MjdjODlmODU1NWU5OjY6MmIzOTphYzczMmE4NjFkMTFjYTY2NDc0OTdkODMxMGRhYjYxOGQxNjJiMmMzYWQ5MjYwY2FkZDdiZWVhYjFjNjY5NWFlOnA6VDpO) * Electronic BNF [https://bnf.nice.org.uk/](https://protect.checkpoint.com/v2/___https://bnf.nice.org.uk/___.bXQtcHJvZC1jcC1ldXcyLTE6dW5pdmVyc2l0eWhvc3BpdGFsc291dGhhbXB0b246YzpvOmUxNGJkOTliZDY0ODhkNDkxMDM3MjdjODlmODU1NWU5OjY6OTdhMzo5MmI2ZWJjMjgyOTA4OTlmNjVhZDk5NWEzYTQyM2VhYjY5ZjFiZDgwYTJhYzFjYTliMmFhZjBkOWI2NzM4MDM4OnA6VDpO) * NICE Medicines practice guideline “Patient Group Directions” [https://www.nice.org.uk/guidance/mpg2](https://protect.checkpoint.com/v2/___https://www.nice.org.uk/guidance/mpg2___.bXQtcHJvZC1jcC1ldXcyLTE6dW5pdmVyc2l0eWhvc3BpdGFsc291dGhhbXB0b246YzpvOmUxNGJkOTliZDY0ODhkNDkxMDM3MjdjODlmODU1NWU5OjY6YzY2ZDpjMzg0ZTQ4ODBjN2M0NTY4YWUwYmJhNGQ5NTM5NzNlZjdhMmE4ODJkMmNlNTQ3NzMxYzc4ZWY2ZGQ0OWQ4MTQyOnA6VDpO) * CMACE/RCOG (2018) Management of women with obesity in pregnancy. Available from: [https://www.rcog.org.uk/globalassets/documents/guidelines/cmacercogjointguidelinemanagementwomenobesitypregnancya.pdf](https://protect.checkpoint.com/v2/___https://www.rcog.org.uk/globalassets/documents/guidelines/cmacercogjointguidelinemanagementwomenobesitypregnancya.pdf___.bXQtcHJvZC1jcC1ldXcyLTE6dW5pdmVyc2l0eWhvc3BpdGFsc291dGhhbXB0b246YzpvOmUxNGJkOTliZDY0ODhkNDkxMDM3MjdjODlmODU1NWU5OjY6NDM2MTplNWQ1MDUxOTc4ZDk4NDM4OTU3MWVkNGJlZjI2YTQ3MDg0NDM0YzY1NTFiODI4ZmY4OWE4MmEyMjcxZmUzYTgzOnA6VDpO) * NICE (2019) Pre-conception – advice and management. Available from: [https://cks.nice.org.uk/pre-conception-advice-and-management#!scenarioRecommendation:18](https://protect.checkpoint.com/v2/___https://cks.nice.org.uk/pre-conception-advice-and-management___.bXQtcHJvZC1jcC1ldXcyLTE6dW5pdmVyc2l0eWhvc3BpdGFsc291dGhhbXB0b246YzpvOmUxNGJkOTliZDY0ODhkNDkxMDM3MjdjODlmODU1NWU5OjY6YjRlYzplYzc3ZDA0YmQwNjEzMDJhMWM4MTM3YWRjZDE0MWZkYzQ4MmI5ZDZhMmM3N2RhMDlhNWExNmE2ZDVjMGNjMmVmOnA6VDpO#!scenarioRecommendation:18) * Diabetes in pregnancy: management from preconception to the postnatal period NICE guideline [NG3] Published date: February 2015 Last updated: August 2015 [https://www.nice.org.uk/guidance/ng3](https://protect.checkpoint.com/v2/___https://www.nice.org.uk/guidance/ng3___.bXQtcHJvZC1jcC1ldXcyLTE6dW5pdmVyc2l0eWhvc3BpdGFsc291dGhhbXB0b246YzpvOmUxNGJkOTliZDY0ODhkNDkxMDM3MjdjODlmODU1NWU5OjY6YzliYTozNDg3NDk2MmM0NzMwOWMwMjVlMzJlZWZhNmFlMGNkNGUzNWE1NTNhYzRlMzQxYzdmODE1ZjExYjNiNmM3NzZkOnA6VDpO) * BHIVA (2020) Guidelines for the management of HIV in pregnancy and postpartum 2018 (2020 third interim update) * [BHIVA guidelines for the management of HIV in pregnancy and postpartum 2018 (2020 third interim update)](https://www.bhiva.org/pregnancy-guidelines) |

**Appendix A - Registered health professional authorisation sheet (example – local versions/electronic systems may be used)**

**PGD Name/Version Valid from: Expiry:**

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.

Patient group directions do not remove inherent professional obligations or accountability.

It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

|  |  |  |  |
| --- | --- | --- | --- |
| **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.** | | | |
| **Name** | **Designation** | **Signature** | **Date** |
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**Authorising manager**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 insert name of organisation for the above named health care professionals who have signed the PGD to work under it.** | | | |
| **Name** | **Designation** | **Signature** | **Date** |
|  |  |  |  |

**Note to authorising manager**

Score through unused rows in the list of registered health professionals to prevent additions post managerial authorisation.

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

Add details on how this information is to be retained according to organisation PGD policy.