# Pharmacy First Service – Master Patient Group Direction (PGD) and Protocol Authorisation Sheet (example – local versions/electronic systems may be used)

Version Number 2.0

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| **Change History** | |
| **Version and Date** | **Change details** |
| Version 1.0  January 2024 | New template |
| Version 2.0  April 2025 | Updated PGDs and protocol |

This master authorisation sheet replaces the need to sign Appendix A for individual PGDs and protocol under the Pharmacy First service.

The named registered pharmacist(s) named on this form must be competent to provide all elements of the Pharmacy First service and work under all the PGDs and protocol listed below. If the organisation is providing the Pharmacy First service under a distance-selling exemption, please score through, sign and date the lines relating to PGDs for acute otitis media (7a, 7b, 7c, 7d).

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| **PGD/protocol Name/Version** | **Valid from:** | **Expiry:** |
| 1a. Supply of nitrofurantoin capsules/tablets for the treatment of Urinary Tract Infection (UTI) / v1.3 | 01/10/2025 | 30/09/2028 |
| 2a. Supply of aciclovir tablets/dispersible tablets for the treatment of shingles (herpes zoster) infection / v1.1 | 01/10/2025 | 30/09/2028 |
| 2b. Supply of valaciclovir tablets for the treatment of shingles (herpes zoster) infection / v1.1 | 01/10/2025 | 30/09/2028 |
| 3a. Protocol for the supply of topical hydrogen peroxide 1% cream (e.g. Crystacide® 1% cream) for the treatment of localised non-bullous impetigo / v1.1 | 01/10/2025 | 30/09/2028 |
| 3b. Supply of fusidic acid 20mg/g (2%) cream for the treatment of localised non-bullous impetigo / v1.0 | 31/01/2024 | 31/01/2027 |
| 3c. Supply of flucloxacillin capsules/oral solution/oral suspension for the treatment of widespread non-bullous impetigo / v1.1 | 01/10/2025 | 30/09/2028 |
| 3d. Supply of clarithromycin tablets/oral suspension/oral solution for the treatment of widespread non-bullous impetigo / v1.1 | 01/10/2025 | 30/09/2028 |
| 3e. Supply of erythromycin tablets/oral suspension/oral solution for the treatment of widespread non-bullous impetigo in pregnant individuals (aged 16 years and over) / v1.1 | 01/10/2025 | 30/09/2028 |
| 4a. Supply of flucloxacillin capsules/oral solution/oral suspension for the treatment of infected insect bite(s) and sting(s) / v1.1 | 01/10/2025 | 30/09/2028 |
| 4b. Supply of clarithromycin tablets/oral suspension/oral solution for the treatment of infected insect bite(s) and sting(s) / v1.1 | 01/10/2025 | 30/09/2028 |
| 4c. Supply of erythromycin tablets/oral suspension/oral solution for the treatment of infected insect bite(s) and sting(s) in pregnant individuals (aged 16 years and over) / v1.1 | 01/10/2025 | 30/09/2028 |
| 5a. Supply of phenoxymethylpenicillin (penicillin V) tablets/oral solution/oral suspension for the treatment of acute sore throat due to suspected streptococcal infection / v1.1 | 01/10/2025 | 30/09/2028 |
| 5b. Supply of clarithromycin tablets/oral suspension/oral solution for the treatment of acute sore throat due to suspected streptococcal infection / v1.1 | 01/10/2025 | 30/09/2028 |
| 5c. Supply of erythromycin tablets/oral suspension/oral solution for the treatment of acute sore throat due to suspected streptococcal infection in pregnant individuals (aged 16 years and over) / v1.1 | 01/10/2025 | 30/09/2028 |
| 6a. Supply of fluticasone furoate 27.5 micrograms/ dose nasal spray (e.g. Avamys® nasal spray suspension) for the treatment of acute sinusitis (rhinosinusitis) / v1.1 | 01/10/2025 | 30/09/2028 |
| 6b. Supply of mometasone furoate monohydrate 50 micrograms/dose nasal spray for the treatment of acute sinusitis (rhinosinusitis) / v1.1 | 01/10/2025 | 30/09/2028 |
| 6c. Supply of phenoxymethylpenicillin (penicillin V) tablets/oral solution/oral suspension for the treatment of acute bacterial sinusitis (rhinosinusitis) / v1.1 | 01/10/2025 | 30/09/2028 |
| 6d. Supply of clarithromycin tablets/oral suspension/oral solution for the treatment of acute bacterial sinusitis (rhinosinusitis) / v1.1 | 01/10/2025 | 30/09/2028 |
| 6e. Supply of doxycycline capsules/dispersible tablets for the treatment of acute bacterial sinusitis (rhinosinusitis) / v1.1 | 01/10/2025 | 30/09/2028 |
| 6f. Supply of erythromycin tablets/oral suspension /oral solution for the treatment of acute bacterial sinusitis (rhinosinusitis) in pregnant individuals (aged 16 years and over) / v1.1 | 01/10/2025 | 30/09/2028 |
| 7a. Supply of Otigo® (phenazone 40mg/lidocaine hydrochloride 10mg/g) ear drops, solution for the symptomatic relief of pain due to acute otitis media (AOM) / v1.1 | 01/10/2025 | 30/09/2028 |
| 7b. Supply of amoxicillin capsules/oral suspension/oral solution for the treatment of acute otitis media (AOM) / v1.1 | 01/10/2025 | 30/09/2028 |
| 7c. Supply of clarithromycin tablets/oral suspension/oral solution for the treatment of acute otitis media (AOM) / v1.1 | 01/10/2025 | 30/09/2028 |
| 7d. Supply of erythromycin tablets/oral suspension/oral solution for the treatment of acute otitis media (AOM) in pregnant individuals (aged 16 or 17 years) / v1.1 | 01/10/2025 | 30/09/2028 |

Before signing these PGDs and protocol, check that the documents have had the necessary authorisations. Without these, these PGDs and protocol are not lawfully valid. Additionally, ensure you are signing for the correct and most up to date versions (version numbers contained within table above). Please be aware that the master authorisation sheet will be rendered invalid in the event of PGD or protocol version update. Please make sure you sign the most current master authorisation sheet available.

**Registered pharmacist**

By signing these PGDs and protocol you are indicating that you agree to their contents and that you will work within them.

The PGDs and protocol do not remove inherent professional obligations or accountability.

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

*Note: if any of these PGDs or protocol are updated or changed, this authorisation sheet must be re-signed.*

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| **I confirm that I have read and understood the content of these PGDs and protocol and that I am willing and competent to work to them within my professional code of conduct.** | | | |
| **Name** | **Designation** | **Signature** | **Date** |
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**Authorising manager**

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| **I confirm that the registered pharmacists named above have declared themselves suitably trained and competent to work under these PGDs and protocol. I give authorisation on behalf of insert name of organisation for the above named health care professionals who have signed these PGDs and protocol to work under them.** | | | |
| **Name** | **Designation** | **Signature** | **Date** |
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**Note to authorising manager**

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

This authorisation sheet should be retained to serve as a record of those registered pharmacists authorised to work under these PGDs and protocol.

*Note: if any of these PGDs or protocol are updated or changed, this authorisation sheet must be re-signed.*

A copy of this completed master authorisation sheet should be retained and available at the pharmacy premises as a record of those practitioners authorised to work under these PGDs and protocol.