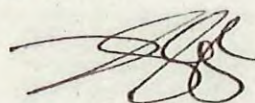


Patient Group Direction For The Supply Of Doxycycline Post-Exposure Prophylaxis (doxyPEP) For The Prevention Of Syphilis By Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles

Lead Author: Adapted from BASHH/SPS Supply Of Doxycycline Post-Exposure Prophylaxis (doxyPEP) For The Prevention Of Syphilis Template, Version 1.0 – Date Published: June 2025		Approver: NoS PGD Group Authorisation: NHS Grampian
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NoS PGD Group		Signature: 
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NoS Identifier: NoS/PGD/doxyPEP/1781	Review Date: December 2027 Expiry Date: June 2028	Date Approved by NoS: October 2026
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NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles have authorised this Patient Group Direction to help individuals by providing them with more convenient access to an efficient and clearly defined service within the NHS Boards. This Patient Group Direction cannot be used until Appendix 1 and 2 are completed.

Uncontrolled when printed

Version 1.0

Revision History for NoS:

NoS PGD that has been superseded	N/A – New PGD	
Date of change	Summary of Changes	Section heading
February 2026	Reference to NoS Appendix 1 and 2.	Authorisation
	Statement added in about nurses being registered by the NMC.	Professional registration
	Removed SPS advised training and added TURAS NoS PGD training link added.	Initial Training
	Legal statement regarding supply.	Legal category
	NICE Competency framework statement removed.	Competency assessment
	Added clinical systems utilised. Paragraph removed regarding NHSE - Records Management Code of Practice.	Records to be kept
August 2026	Chemsex definition added.	Glossery
September 2026	Links to English web pages replaced with Scottish web pages.	throughout

CoSRH /SPS most recent changes

Version and Date	Change details
Version 1.0 June 2025	New template.

Review date: The review date for a PGD needs to be decided on a case-by-case basis in the interest of safety. The expiry date should not be more than 3 years, unless a change in national policy or update is required.

Authorisation

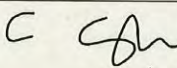
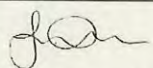
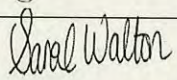
This specimen Patient Group Direction (PGD) template has been produced by BASHH/SPS and adapted by North of Scotland PGD Group (NoS) to assist NHS Boards. NHS Boards should ensure that the final PGD is considered and approved in line with local clinical governance arrangements for PGDs.

The qualified health professionals who may supply medicines under this PGD can only do so as named individuals. It is the responsibility of each professional to practice within the bounds of their own competence and in accordance with their own Code of Professional Conduct and to ensure familiarity with the manufacturer's product information/Summary of Product Characteristics (SmPC) for all medicines supply in accordance with this PGD.

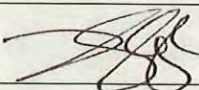
NHS Board governance arrangements will indicate how records of staff authorised to operate this PGD will be maintained. Under PGD legislation there can be no delegation. Supply of the medicines has to be by the same practitioner who has assessed the patient under the PGD.

All authorised staff are required to read the PGD and sign the Agreement to Administer Medicines Under PGD ([Appendix 1](#)).

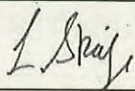
A Certificate of Authorisation ([Appendix 2](#)) signed by the authorising professional/manager should be supplied. This should be held in the individual health professional's records, or as agreed within the individual Health Board.

This PGD has been produced for NoS by:					
Doctor	Ciara Cunningham	Signature		Date Signed	24/03/2026
Pharmacist	Joanne Adam	Signature		Date Signed	6/05/2026
Nurse	Sara Jane Walton	Signature		Date Signed	29/04/2026

Approved for use within NoS by:

NoS Group Chair	Signature	Date Signed
Lesley Coyle		22/09/2026

Authorised and executively signed for use within NoS by:

NHS Grampian Chief Executive	Signature	Date Signed
Laura Skaife-Knight		02/10/2026

Version 1.0 – Approved for NoS from 2nd October 2026

PGD Development Group

Date PGD template comes into effect:	11th June 2025
Review date	10th December 2027
Expiry date:	10th June 2028

This PGD has been peer reviewed by the sexual health national PGD Short Life Working Group in accordance with their Terms of Reference. It has been approved by the British Association for Sexual Health and HIV (BASHH) in June 2025. 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 or Role	Position
Ali Grant	Lead Pharmacist: HIV, Sexual and Reproductive Health
Dipti Patel	Local authority pharmacist
Dr Achyuta Nori	Consultant in Sexual Health and HIV
Dr Cindy Farmer	Vice President, General Training Faculty of Sexual and Reproductive Healthcare (FSRH)
Dr Rita Browne	Consultant in Sexual Health and HIV
Dr Michael Brady	Consultant in HIV and Sexual Health, King's College Hospital NHSE National Advisor for LGBT health
Dr Killian Quinn	Consultant in Sexual Health, HIV, Internal Medicine, King's College Hospital NHS Foundation Trust
Jodie Crossman	Clinical Nurse Specialist, BASHH Nurse representative, STI Foundation Chair
Michelle Jenkins	Advanced Nurse Practitioner, Clinical Standards Committee Faculty of Sexual and Reproductive Healthcare (FSRH)
Portia Jackson	Lead Pharmacist, iCaSH
Dr Rachael Jones	Consultant in HIV and Sexual Health, Chelsea and Westminster NHS Foundation Trust
Hasan Mirza	PrEP and Sexual Health Pharmacist, Barts Health NHS Trust
Dr John Saunders	Consultant in Sexual Health and HIV
Stephanie Katiyar	PrEP and Sexual Health Pharmacist, Guy's and St Thomas' NHS Foundation Trust
Jo Jenkins	Associate Director – Medicines Governance, Medicines Use and Safety Division, Specialist Pharmacy Service

Name or Role	Position
Kieran Reynolds (SLWG co-ordinator)	Advanced Specialist Pharmacist – Medicines Governance, Medicines Use and Safety Division, Specialist Pharmacy Service
Tracy Rogers	Director, Medicines Use and Safety Division, Specialist Pharmacy Service

Glossary (further information is available from [Stonewall List of LGBTQ+ terms](#)):

Cisgender or Cis: Someone whose gender identity is the same as the sex they were assigned at birth.

Transgender or Trans: An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. This can include non-binary people, though not every non-binary person considers themselves to be trans.

Non-binary: An umbrella term for people whose gender identity doesn't sit comfortably with 'man' or 'woman'. Non-binary identities are varied and can include people who identify with some aspects of binary identities, while others reject them entirely.

Chemsex: Refers to the use of specific drugs (such as methamphetamine, GHB, and mephedrone) in the context of sexual activity. The drugs are often used to enhance sexual experiences and increase libido.

Characteristics Of Staff

The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisational policies.

Qualifications and professional registration	Registered nurses as recognised by the Nursing and Midwifery Council (NMC).
Initial training	The registered healthcare professional (HCP) authorised to operate under this PGD must have undertaken appropriate education and training and demonstrating competency in the clinical assessment of patients. This includes diagnosing the sexually transmitted infections (STIs) listed and identifying patients who may benefit from STI prevention interventions. Have undertaken NoS PGD module training on TURAS Learn. Recommended requirement for training would be successful completion of a relevant sexual health module/course accredited or endorsed by the BASHH, CPPE, RCN or a university or as advised in the RCN Sexual Health Education directory, or a locally developed and delivered training programme. The healthcare professional has completed locally required training (including updates) in safeguarding children and vulnerable adults.
Competency assessment	Individuals operating under this PGD must be assessed as competent (see Appendix 1 and Appendix 2) or complete a self-declaration of competence for STI testing and/or treatment.
Ongoing training and competency	Registered HCPs 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 discussed with the senior individual responsible for authorising practitioners to act under the PGD and further training provided as required. Organisational PGD and/or medication training as required by employing Trust/organisation.

Clinical Condition Or Situation To Which This PGD Applies

Clinical condition or situation to which this PGD applies	Doxycycline post-exposure prophylaxis (doxyPEP) for the prevention of syphilis in cisgender gay, bisexual and other men[†] who have sex with men (GBMSM) and transgender women (TGW) after condomless sex. [†] includes non-binary people assigned male at birth.
Criteria for inclusion	• Informed consent. • Individuals aged 16 years and over. • Cisgender gay, bisexual and other men[†] who have sex with men (GBMSM). or • Transgender women (TGW) and • Who are at elevated risk of acquiring syphilis (e.g., reported or confirmed diagnosis of a bacterial sexually transmitted infection (STI) in the previous 12 months or those with a recent history (in the last 3 months) of multiple new, occasional or one-off sexual partners, including reporting group sex or chemsex). [†] includes non-binary people assigned male at birth.
Criteria for exclusion	• Consent refused and documented in the individual's clinical notes. • Individuals under 16 years of age. • Cisgender men[†] and transgender women (TGW) not at elevated risk of acquiring syphilis (see above for definition), but who are at risk of STIs or to help mitigate the potential risk of transmitting infection to cisgender female and other partners with a womb and ovaries - refer to prescriber. • Cisgender women, transgender men or non-binary people assigned female at birth at risk of acquiring syphilis - refer to prescriber. • Known hypersensitivity to doxycycline, any tetracycline or any of the components within the formulation - see Summary of Product Characteristics which can be accessed on the EMC website. Acceptable sources of allergy information include individual or National Care Record.

	• Inability to absorb oral medications and/or inability to swallow oral dosage formulations (i.e. capsules or tablets). • Current long-term use of doxycycline or another tetracycline antibiotic (e.g. treatment of acne vulgaris, prophylaxis of malaria etc). • Known myasthenia gravis. • Known systemic lupus erythematosus (SLE). • Known oesophagitis or oesophageal ulceration. • Known porphyria. • Known or suspected hepatic impairment. • Individuals unable to separate administration times of interacting medicines (e.g. oral aluminium/calcium/magnesium/iron/zinc/bismuth salts (including some over the counter preparations (e.g. antacids)), lanthanum, sucralose) and doxycycline by at least 2 hours. • Less than 3 days before receiving, or within 3 days after receiving, oral typhoid vaccine. • Concurrent use of any interacting medicine as listed in Drug Interactions section of this PGD. † includes non-binary people assigned male at birth.
Cautions including any relevant action to be taken	Coumarin anticoagulants: Caution should be exercised when supplying doxycycline to individuals taking coumarin anticoagulants (e.g. warfarin, acenocoumarol, phenindione): rises in INR reported. Individuals should be advised to have their INR monitored while on treatment with doxycycline and should be counselled re: seeking medical attention if any episode of bleeding develops while taking. Excipients: Caution should be exercised when supplying doxycycline capsules to individuals who should avoid the following excipients: • Lactose, sucrose, fructose and sorbitol: 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 before supplying. • Aspartame: Individuals with phenylketonuria (PKU) must not use medicines containing aspartame. Check the individual list of excipients available in the Summary of Product Characteristics which can be accessed on the EMC website before supplying.

Specific information to be provided	DoxyPEP should be part of a comprehensive approach for the prevention of STIs, along with condom use, appropriate HIV prevention interventions (including PrEP as detailed on the NHS inform website), vaccination, STI testing, treatment and management, and appropriate risk reduction advice and psychological interventions if indicated. • Individuals should be supported to make informed decisions about when and how to use doxyPEP, including information on alternatives to doxyPEP (e.g. condom use) and the importance of regular STI testing. • Provide information on how to access STI testing (and treatment, if required) which can be found on the NHS inform website • Explain when to take, the dose, frequency and method of administration: - o Explain that doxyPEP should be taken within 24 hours and no later than 72 hours after condomless sex. - o Explain that no more than 200mg of doxycycline should be taken in each 24 hour period (i.e. max 200mg in 24 hours) - o Explain that if having several episodes of sex over a 72 hour period, they may consider taking a single dose of doxyPEP (200mg) at the end of the 72-hour period, rather than multiple doses, to cover the entire period of risk. • Chronic and heavy alcohol consumption may decrease the effectiveness of doxycycline: inform individuals who are chronic and alcohol consumers of this. • If individual is HIV negative and not taking HIV PrEP, initiate a discussion regarding the benefits of it and provide information on how to access this medication.
Action to be taken if the individual is excluded	• Record reasons for exclusion in the appropriate clinical records. Individuals where treatment is not indicated: • Provide information on alternatives to doxyPEP (e.g. condom use). • Provide information on STI testing and treatment and management, recommended vaccination and linkage to PrEP, HIV care and risk reduction services, if indicated. Refer to a prescriber for further assessment if: • Individuals where treatment under this PGD is not permitted but where individual may benefit from doxyPEP.

Action to be taken if the individual declines treatment	• Provide safety netting advice and advise individual of alternative treatment available. • Refer to a prescriber if appropriate. • Document advice given and any action taken.
Arrangements for referral for medical advice	Refer to the appropriate medical practitioner in the care pathway.

Description Of Treatment

Name, form and strength of medicine	Doxycycline 100mg capsules
Legal category	POM In accordance with the MHRA all medicines supplied under a PGD must either be from over-labelled stock, or be labelled appropriately in accordance with the regulatory body guidelines for the labelling of medicines for the professional providing the supply.
Route of administration	Orally, swallowed whole with plenty of water while sitting or standing and staying upright for at least 30 minutes after taking. If gastric irritation occurs, doxycycline can be taken with food or milk.
Off label use	Off-label indication: Doxycycline is not licensed for the prevention of syphilis, but its use is supported by national guidance. Temperature variations 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 drugs for use lies with pharmacy/Medicines Management. Where a medicine is recommended off-label consider, as part of the consent process, informing the individual/carer that the drug is being offered in line with local/national guidance.
Dose and frequency of administration	Adults: 200mg as a single dose (i.e. 2 x 100mg capsules) within 24 hours and no later than 72 hours after condomless sex. Maximum of 200mg in a 24 hour period. Individuals having sex on more than one occasion over a 72-hour period may consider taking a single 200mg dose of doxycycline at the end of the 72-hour period, rather than multiple doses, to cover the entire period of risk.
Duration of treatment	No maximum or minimum period. Individuals may stop doxyPEP at any time for the following reasons: • Change in the individual's sexual behaviour meaning indications for doxyPEP are no longer met. • They choose to stop the medication.
Quantity to be supplied	Appropriately labelled pack(s) of: 1 x 14 x 100mg capsules[‡] or 2 x 14 x 100mg capsules[‡] or 3 x 14 x 100mg capsules[‡] or 1 x 50 x 100mg capsules[‡]. [‡] Quantity to supply will be defined by expected usage, patient and local supply options. Consider the potential service and impact of providing too little doxyPEP to cover the period between service contacts, including scheduling of appointments and three-monthly STI checks. Likewise, the potential impact of supplying a large excess should be considered, for example, wastage, incorrect disposal, and sharing of medicines with others.
Storage	Medicines must be stored securely according to national guidelines and in accordance with the product SmPC which is available from the EMC website

Drug interactions	Where it is known an individual is concurrently taking one of the following medicines, doxycycline must not be supplied under this PGD and the individual referred to a prescriber: • Ciclosporin • Acitretin, alitretinoin, isotretinoin, tretinoin • Lithium • Enzyme inducing anti-epileptic medications (carbamazepine, fosphenytoin, phenobarbitone/phenobarbital, primidone, phenytoin) • Typhoid vaccine (oral): see Criteria for exclusion See BNF for all drugs that can interact with doxycycline. A detailed list of drug interactions is available in the SPC, which is available from the EMC website. Note: The possibility of drug to drug interactions between doxyPEP and gender affirming hormone therapy (GAHT) may be a concern for some trans people and reassurances should be given that there are no expected interactions.
Identification of adverse reactions	A detailed list of adverse reactions is available in the BNF or the product SPC which can be accessed on the EMC website. The following side effects are listed in the product SPC or BNF as common with doxycycline (but may not reflect all reported side effects): • Diarrhoea • Hypersensitivity reactions • Headache • Nausea, vomiting • Photosensitivity skin reactions • Rash including maculopapular, erythematous rashes and Hensch-Schonlein purpura • Urticaria • Hypotension • Pericarditis • Tachycardia • Dyspnoea • Peripheral oedema. Individuals should be informed about potential side effects including photosensitivity, headache, nausea, vomiting, dyspepsia and rash.

	Photosensitivity reactions: Advise individuals to avoid exposure to direct sunlight or ultraviolet light (including sunbeds and sun lamps) while taking doxycycline. If exposure to sunlight is unavoidable, advise individuals to protect their skin by: Wearing clothes that cover them up, Wearing a hat and sunglasses, Using a high factor (minimum SPF 30) sunscreen or sunblock. Gastric irritation: If individuals experience nausea or vomiting while taking doxycycline, advise them to take it with food or milk. Severe adverse reactions are rare, but anaphylaxis (delayed or immediate) has been reported and requires immediate medical treatment. In the event of a severe adverse reaction, the individual must be advised to stop treatment immediately and seek urgent medical advice.
Management of and reporting procedures for adverse reactions	- Healthcare professionals and individuals/carers/parents/guardians are encouraged to report suspected adverse reactions to the MHRA's Yellow Card Scheme - Record all adverse drug reactions (ADRs) in the individual's clinical record. - Report via organisation incident policy.
Written or other information to be given to individual	- Provide marketing authorisation holder's information leaflet (PIL) provided with the product. - Signpost individual to The Little Back Pocket Guide to doxyPEP (or other patient information leaflet). - Give any additional information in accordance with the service specification. - Direct to Doxycycline post-exposure prophylaxis (DoxyPEP) NHS inform
Individual advice / follow up treatment	- Explain when to take, the dose, frequency and method of administration: - Explain that doxyPEP should be taken within 24 hours and no later than 72 hours after condomless sex. - Explain that no more than 200mg of doxycycline should be taken in each 24 hour period (i.e. max 200mg in 24 hours)

	- o Explain that if having several episodes of sex over a 72-hour period, they may consider taking a single 200mg dose of doxyPEP at the end of the 72-hour period, rather than multiple doses, to cover the entire period of risk. • Chronic and heavy alcohol consumption may decrease the effectiveness of doxycycline: inform individuals who are chronic and alcohol consumers of this. • Advise that doxyPEP is not 100% effective at preventing bacterial STIs and that individuals should promptly seek advice if they develop signs or symptoms of an STI. - o DoxyPEP is effective at reducing the incidence of chlamydia and syphilis - o DoxyPEP is unlikely to prevent gonorrhoea, due to the high prevalence of tetracycline resistance in the UK • Manage individuals who are recent contacts of an STI (syphilis, chlamydia, gonorrhoea, <i>Mycoplasma genitalium</i> or LGV) as per BASHH doxyPEP guidance and relevant BASHH guidance: - o Advise individuals that if they are a contact of chlamydia and are asymptomatic and took doxyPEP within 72 hours of exposure, they do not need further treatment - o Advise individuals that if they are a contact of syphilis, they should contact a sexual health clinic for review and assessment and inform them of doxyPEP use. • Encourage individuals to undertake regular STI testing (at a frequency consistent with BASHH guidance). • Advise that doxyPEP does not protect against HIV or non-bacterial STIs (e.g. herpes). • If individual is HIV negative and not taking HIV PrEP, (see HIV PrEP information on NHS inform website) initiate a discussion regarding the benefits of it and provide information on how to access this medication. • Advise the individual that there is no additional monitoring (i.e. blood tests) required while taking doxyPEP. • Provide clear information on the potential benefits and harms of taking doxyPEP, including the current unknowns and limits of the evidence base and address any concerns an individual has about antimicrobial resistance and doxyPEP use. • Advise the individual to share doxyPEP use to other healthcare professionals, especially when presenting with a suspected infection: To allow for appropriate antibiotic choice (if indicated).
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	• Advise individual to seek immediate medical attention (by calling 999 or going to A&E) if the individual develops signs or symptoms of sepsis as detailed on the NHS inform website. • Inform individual of possible side effects and their management (see Identification & management of adverse reactions for further information), including advice to swallow whole with plenty of water while sitting or standing and to stay upright for at least 30 minutes after taking. • Advise individual that if the individual experiences nausea or vomiting while taking doxycycline, they can take it with food or milk. • Advise individual to separate administration of antacids or preparations containing aluminium/calcium/magnesium/iron/zinc/bismuth salts (including some bought over the counter), lanthanum, sucralate and doxycycline by at least 2 hours. Note: <i>consider medicines contained within a medicines compliance aid (MCA or “blister pack”) and tailor advice (i.e. alerting individual which medicines to omit while on treatment) to individual on a case-by-case basis.</i> • Advise individual to avoid exposure to direct sunlight or ultraviolet light (including sunbeds and sun lamps) while taking doxycycline. • Advise individual to seek medical advice in the event of an adverse reaction. • Advise individual to return any unused medicines to a pharmacy for disposal: Do not dispose of medicines in the bin, down the sink or toilet.
Records to be kept	• That valid informed consent has been given. • If individual not treated under PGD record action taken. • Name of individual, address, date of birth. • GP contact details where appropriate. • Relevant past and present medical and sexual history, including medication history. • Any known allergies and nature of reaction. • Name of registered healthcare professional operating under the PGD. • Specify how the individual has/has not met the criteria of the PGD. • Name/dose/form/quantity of medicine supplied. • Date of supply. • Documentation of cautions as appropriate. • Advice given, including advice given if individual excluded or declines treatment.

	• Advice given about the medication including side effects, benefits, and when and what to do if any concerns. • Details of any adverse drug reactions and actions taken. • Any referral arrangements made. • Any supply outside the terms of the product marketing authorisation. • Recorded that supplied via Patient Group Direction (PGD). • Any additional requirements in accordance with the service specification. Depending on the clinical setting where supply is undertaken, the information should be recorded manually or electronically, in one (or more) of the following systems, as appropriate: • NaSH – Sexual Health Electronic Patient Record. • HEPMA. • Individual's GP records if appropriate. • Individual service specific systems. Records should be signed and dated (or documented in a password controlled e-record) and kept securely for a defined period in line with local policy. All records must be clear, legible and contemporaneous. A record of all individuals receiving treatment under this PGD must also be kept for audit purposes in accordance with local policy.
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Key References (last accessed April 2025)

- [Electronic Medicines Compendium](#)
- [Electronic BNF](#)
- [Electronic BNF for children](#)
- [Reference guide to consent for examination or treatment](#)
- [NICE Medicines practice guideline MPG2 - Patient Group Directions - Last Updated 27 March 2017](#)
- [UK Sepsis Trust. Sepsis e-learning resources.](#)
- [Bachmann LH, Barbee LA, Chan P, et al. CDC Clinical Guidelines on the Use of Doxycycline Postexposure Prophylaxis for Bacterial Sexually Transmitted Infection Prevention, United States, 2024. MMWR Recomm Rep 2024;73 \(No. RR-2\):1–8. DOI](#)
- [British Association for Sexual Health and HIV \(BASHH\). Doxycycline post-exposure prophylaxis guidance. London, UK: BASHH; 2025](#)
- [The LoveTank. Little Back Pocket Guide to doxyPEP](#)
- [Scottish health information you can trust | NHS inform](#)



Appendix 1 - Healthcare Professional Agreement to Supply Medicine(s) Under Patient Group Direction

I: _____ (Insert name)

Working within: _____ e.g. Area, Practice

Agree to supply the medicine(s) contained within the following Patient Group Direction:

Patient Group Direction for the Supply of Doxycycline Post-Exposure Prophylaxis (doxyPEP) for the Prevention of Syphilis by Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles, Version 1.0

I have completed the appropriate training to my professional standards enabling me to supply the medicine(s) under the above direction. I agree not to act beyond my professional competence, nor out with the recommendations of the direction.

Signed: _____

Print Name: _____

Date: _____

Profession: _____

Professional Registration
number/PIN: _____



Appendix 2 - Healthcare Professionals Authorisation to Supply Medicine(s) Under Patient Group Direction

The Lead manager/Professional of each clinical area is responsible for maintaining records of all clinical areas where this PGD is in use, and to whom it has been disseminated.

The Senior Nurse/Professional who approves a healthcare professional to supply the medicine(s) under this PGD is responsible for ensuring that they are competent, qualified and trained to do so, and for maintaining an up-to-date record of such approved persons.

The Healthcare Professional that is approved to supply the medicine(s) under this PGD is responsible for ensuring that they understand and are qualified, trained and competent to undertake the duties required. The approved person is also responsible for ensuring that supply is carried out within the terms of the direction, and according to their individual code of professional practice and conduct.

Patient Group Direction For The Supply Of Doxycycline Post-Exposure Prophylaxis (doxyPEP) For The Prevention Of Syphilis By Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles, Version 1.0

Local clinical area(s) where the listed healthcare professionals will operate under this PGD:

Name of Healthcare Professional	Signature	Date	Name of Manager	Signature	Date

Patient Group Direction For The Supply Of Doxycycline Post-Exposure Prophylaxis (doxyPEP) For The Prevention Of Syphilis By Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles, Version 1.0					
Name of Healthcare Professional	Signature	Date	Name of Manager	Signature	Date