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| NHS Greater Glasgow & Clyde  Patient Group Direction (PGD) for  Health Care Professionals |  |
| **MMR Vaccine** | |

Local Authorisation:

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| Service Area for which PGD is applicable: | | | |
| I authorise the supply/administer medicines in accordance with this PGD to patients cared for in this service area. | | | |
| Lead Clinician for the service area (Doctor) | | | |
| Name: | Signature: | Designation: | Date: |
| Fiona Kinnon |  | Clinical Director | 05/07/2022 |
| E-Mail contact address:  Fiona.Kinnon@nhs.scot | | | |

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| I agree that only fully competent, qualified and trained professionals are authorised to operate under the PGD. Records of nominated individuals will be kept for audit purposes. | | | |
| Name (Lead Professional): | Signature: | Designation: | Date: |
| **Mhairi Cavanagh** |  | **Professional Nurse Lead** | **05/07/2022** |
| E-Mail contact address: **mhairi.cavanagh@ggc.scot.nhs.uk** | | | |

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| Description of Audit arrangements: | | | |
| Frequency of checks:  (Generally annually) | **Annually** | Names of auditor(s): | **Team Leaders** |

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.

Note to Authorising Managers: authorised staff should be provided with an individual copy of the clinical content of the PGD and a photocopy of the document showing their authorisation.

I have read and understood the Patient Group Direction. I acknowledge that it is a legal document and agree to supply/administer this medicine only in accordance with this PGD.

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| Name of Professional | Signature | Date |
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