

Local Authorisation:

I authorise the supply/administer medicines in accordance with this PGD to patients cared for in this service area.

Name:	Signature:	Designation:	Date:

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:

Frequency of checks: (Generally annually)		Names of auditor(s):	
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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.

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.

[illegible]

Inactivated influenza vaccine

Patient Group Direction Audit Form

Form for the audit of compliance with PGD or PGDs

To ensure best practice all PGDs should be audited on a 6 monthly basis.

Name and post of Designated Lead person within each practice/clinic base:			
Location/Clinic Base:		Date of audit:	
Tick as appropriate. If 'no', state action required	Y	N	Action
Is the PGD or PGDs utilised within the clinical area?			
Has the PGD or PGDs been reviewed within the 2 year limit?			
Do the managers listed on the PGD or PGDs hold a current list of authorised staff?			
Are all staff authorised to work under the PGD or PGDs members of one of the health professions listed in the PGD?			
Do all staff meet the training requirements identified within the PGD?			
Are you confident that all medicines supplied or administered under the PGD or PGDs are stored according to the PGD where this is specified?			
Do the staff working under the PGD or PGDs have a copy of the PGD which has governance sign off and is in date and, available for reference at the time of consultation?			
Where the medicine requires refrigeration. (Delete if not required).			
Is there a designated person responsible for ensuring that the cold chain is maintained?			
Is there a record that the fridge temperature has been monitored to required levels?			
If there is regular and sustained reliance on PGDs for service provision has a Non Medical Prescribing approach been considered as an alternative? (Please note reasons for either a Y/N response).			

Name:	Date of audit:

Keep copies of completed audits alongside your PGD for local reference. Please retain at local level and ensure audit forms are readily available as they may be required for clinical governance audit purposes.