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

PATIENT GROUP DIRECTION (PGD)

For the supply of Azithromycin for the treatment of uncomplicated Chlamydia trachomatis by Registered Nurses and Midwives at BPAS Clinics.

Version Number 2.2

Change History	
Version and Date	Change Details
1.0 April 2020	New template *Version 1.0 not adopted by BPAS*
1.1 May 2020	Minor reordering (content unchanged) *Version 1.1 not adopted by BPAS*
1.2 October 2020	Specialist Pharmacy Services template adopted for use by BPAS. *Approved for use in BPAS 19/01/2023.* Amendments by BPAS: • References to pharyngeal and rectal Chlamydia trachomatis infection removed as not applicable to BPAS. • References to Mycoplasma genitalium removed as not applicable to BPAS. • References to non-gonococcal or non-specific urethritis removed as not applicable to BPAS. • Equivocal Chlamydia trachomatis result added to inclusion criteria
2.0 April 2023	Updated template due to expiry – no significant changes to clinical content. *Version 2.0 approved for use in BPAS 03/03/2023 with BPAS adaptations as per version 1.2.*
2.1 October 2023	Updated PGD development group members Statement added regarding risk of prolongation of QT interval with interacting drugs added to exclusions and reflected in interactions section.
2.2 June 2024	Updated approver list Changed exclusion age from under 12 to under 13 in line with national template. Removed clinical condition/ inclusion criteria of equivocal result

Valid from: 01/08/2024

Review Date: September 2025

Expiry Date: 31/03/2026

N.B. Review and update may occur prior to this period if national guidance changes or legal or clinical issues arise.

PGD DEVELOPMENT GROUP

Date PGD template comes into effect:	1st April 2023
Review date:	September 2025
Expiry date:	31st March 2026

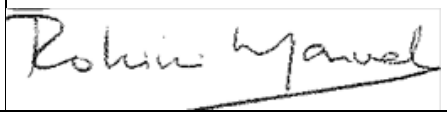
This PGD template has been peer reviewed by the Reproductive Health PGDs Short Life Working Group in accordance with their Terms of Reference. It has been approved by British Association for Sexual Health and HIV (BASHH)/BASHH Bacterial Special Interest Group (BSIG) in January 2023.

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

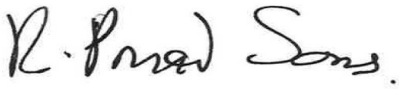
Name	Designation
Ali Grant	Highly Specialist Clinical Pharmacist: HIV, Sexual and Reproductive Health
Alison Crompton	Community pharmacy
Andrea Smith	Community pharmacy
Carmel Lloyd	Royal College of Midwives
Chetna Parmar	Pharmacist adviser, Umbrella
Clare Livingstone	Royal College of Midwives
Deborah Redknapp	English HIV and Sexual Health Commissioners Group (EHSHCG)
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 John Saunders	Consultant in Sexual Health and HIV
Dr Rachael Jones	Consultant in HIV and Sexual Health, Chelsea, and Westminster NHS Foundation Trust
Dr Rita Browne	Consultant in Sexual Health and HIV
Dr Sarah Pillai	Associate Specialist – Sexual Health
Emma Anderson	Centre for Pharmacy Postgraduate Education (CPPE)
Heather Randle	Royal College of Nursing
Jo Jenkins	Lead Pharmacist PGDs and Medicine Mechanisms, Specialist Pharmacy Service
Rosie Further (Working Group Co-ordinator)	Specialist Pharmacist PGDs and Medicine Mechanisms, Specialist Pharmacy Service
Jodie Crossman	Specialist Nurse. BASHH SHAN SIG Chair
Belinda Loftus	Specialist Nurse, BASHH Board Nurse Representative, BASHH SHAN SIG Secretary
Portia Jackson	Pharmacist, Cambridgeshire Community Services
Sally Hogan	British Pregnancy Advisory Service (BPAS)
Sandra Wolper	Associate Director Specialist Pharmacy Service
Tracy Rogers	Associate Director Specialist Pharmacy Service

BPAS PGD Organisational Authorisations:

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

Name	Job title and organisation	Signature	Date
Mary Sexton	BPAS Clinical Director		19/08/2024
Dr Julie Miller	BPAS Deputy Medical Director		16/08/2024
Kalpesh Thakrar	BPAS Lead Pharmacist		30/07/2024
Prof Rohini Manuel	BPAS Consultant Microbiologist		29/08/2024

Authorising Body:

Cheshire and Merseyside ICB	*Rowan Pritchard-Jones*		*07/11/2024*

Responsible person who has approved this PGD on behalf of BPAS

Name: Heidi Stewart

Position: Executive Chair

Signature: 

Date: 22/08/2024

Glossary	
BPAS	British Pregnancy Advisory Service
BASHH	British Association for Sexual Health and HIV
BLS	Basic life support
BNF	British National Formulary
GUM	Genitourinary medicine
MHRA	Medicines Health Regulatory Agency
NICE	National Institute for Health and Care Excellence
NMC	Nursing and Midwifery Council
SmPC	Summary of medicinal product characteristics
STI	Sexually transmitted infection
TTO	To take out

1. Characteristics of staff authorised to use this PGD:	
Qualifications and professional registration	• NMC Registered Nurse • NMC Registered Midwife With a current contract of employment with BPAS Practitioners must also fulfil the additional requirements listed below.
Initial training	Pharmacological knowledge relating to the administration and supply of the medicine, its uses, contraindications, dosage, and adverse effects. Additionally, practitioners: • Must have completed appropriate training for working under a PGD for the supply / administration of medicines (see training requirements in the BPAS PGD policy) • Must be familiar with the medicine and observant to changes in the BNF and Summary of Product Characteristics (SmPC) • Must be competent in the recognition and management of adverse reactions, including anaphylaxis. • Must be competent in the administration of adrenaline for anaphylaxis and have up to date Basic Life Support (BLS) skills as a minimum. • Must have access to the PGD and associated online resources. • Must have completed BPAS STI Training available on MAX Learning • Further recommended training: e-Learning for Health e-Sexual and Reproductive Health 9. STIs • Must have completed required training (including updates) in safeguarding children and vulnerable adults. **The practitioner must be authorised by name, under the current version and terms of this PGD in the Approved Practitioner List before working to it.**
Competency Assessment	Practitioners working under this PGD are required to review their own competency using the NICE Competency Framework for Health Professionals using Patient Group Directions Practitioners working under this PGD must be assessed as competent or complete a self-declaration of competence to use this PGD (see appendix A). **Individuals operating under this PGD are personally responsible for ensuring they remain up to date with the use of all medicines included in the PGD - if any training needs are identified these should be discussed with the senior individual responsible for authorising individuals to act under the PGD and further training provided as required.**
Ongoing training and competency	• Practitioners must complete 3-yearly PGD Theory Refresher training and competency assessment. • Practitioners working under this PGD are responsible for ensuring they remain up to date with the use of the medicines and guidance included in the PGD, ensuring any training needs identified are addressed with further training. • Practitioners must make sure they are aware of any changes to the recommendations for this medication.

	• Practitioners must ensure they remain up to date with relevant clinical skills, management of anaphylaxis, BLS (as a minimum), with evidence of continued professional development. • Practitioners are responsible for maintaining their competency to work under this PGD
The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisational policy.	

2. Clinical condition or situation to which this PGD applies:	
Clinical condition or situation to which this PGD applies	• Confirmed uncomplicated genital Chlamydia trachomatis infection.

Inclusion criteria	• **Where doxycycline (first line treatment) is contraindicated (known allergy, currently pregnant, previous adverse effects, pre-existing medical conditions) or inappropriate (photosensitivity, likely poor adherence):**
	  ○ Individuals with a positive test for *Chlamydia trachomatis* infection in the genitals and without signs suggestive of complications (asymptomatic)
	• Consent given.
	• Aged 13 years and over (on or after the day of their 13th birthday)
	  ○ All individuals under the age of 18 and vulnerable adults must be appropriately risk assessed and managed in line with BPAS Safeguarding and Management of Clients Aged under 18 and BPAS Safeguarding Adults policies
	  ○ If the individual is less than 13 years of age, the healthcare professional must liaise with the BPAS Safeguarding Team and refer to the BPAS Safeguarding and Management of Clients Aged under 18

Exclusion criteria	• Consent not given. • Individuals under 13 years of age ○ These individuals may still be able to receive treatment, but they must be referred to a prescriber to assess suitability and obtain a patient specific direction. • Individuals under 16 years old and assessed as lacking capacity to consent using the Fraser Guidelines • Individuals 16 years of age and over and assessed as lacking capacity to consent. • Clients not suitable for treatment at BPAS *(N.B. please refer to BPAS suitability criteria)* **Medical History** • Individuals with symptomatic or complicated Chlamydia trachomatis infection (urinary symptoms, abnormal vaginal discharge, lower abdominal/pelvic pain, intermenstrual or post coital bleeding or a clinical diagnosis of Pelvic Inflammatory Disease (PID)) • Individuals with suspected or confirmed Lymphogranuloma venereum (LVG) • Severe hepatic impairment • Severe renal impairment (eGFR <10ml/min or CKD 5) • Current / past history of cardiac arrhythmia or conduction disturbance • Presence of concomitant conjunctivitis and / or joint pain / swelling

	• Acute porphyria *(N.B. porphyria is a contraindication to treatment at BPAS – please refer to the BPAS Treatment Suitability Tool)* • Myasthenia gravis **Medication History** • Known hypersensitivity or allergy to Azithromycin or any of the ingredients in the preparation or to any macrolide or ketolide antibiotics – see Summary of Product Characteristics (SmPC) • Any concurrent interacting medicine(s) – see 'Drug Interactions' section. • Concomitant use of another medication known to cause QT prolongation (e.g. haloperidol, sotalol, terfenadine, pimozide) (For further information recommended resources include: CredibleMeds; registration required, or Sudden arrhythmic death syndrome (SADS) - Drugs to avoid) • Known azithromycin resistance. • Individuals currently taking ergot derivatives such as ergotamine (Migril®) ○
Cautions/Circumstances in which further advice should be sought from a doctor (including any relevant action to be taken)	• Some brands of azithromycin contain soya or soya lecithin and are therefore contraindicated in individuals with an allergy to soya or peanuts. If the individual is allergic, check manufacturer's information for brand being used and if necessary, exclude from PGD or select an alternative suitable brand if available. • Pregnant individuals choosing to continue with their pregnancy or individuals known to be at risk of pregnancy – the SmPC states that there is limited data on use in pregnancy however BASHH guidelines state: "While adverse pregnancy outcomes are unlikely with the 2g total azithromycin dose, individuals should be advised of the lack of data." The individual must be informed that although the use of azithromycin in pregnancy is thought to be safe, there is limited research available and must be fully informed of the risks and benefits of this treatment. • Breastfeeding individuals – BASHH states that 'Very low levels of azithromycin are detected in breast milk, and systemic exposure in infants does not exceed that observed when azithromycin is administered for treatment, therefore risk is considered to be low'. • If the individual is less than 16 years of age, an assessment based on Fraser guidelines must be made and documented. • Discuss with appropriate medical/independent non-medical prescriber any medical condition or medication of which the healthcare professional is unsure or uncertain.
Action to be taken if the individual is excluded	• If the presenting individual is under 13 years of age the healthcare professional should speak to the Safeguarding team and follow the BPAS policy for local safeguarding policy for Safeguarding and Management of Clients Aged under 18 (note under 13 years of age excluded from treatment under this PGD). • Explain and document reasons for exclusion in the individual's clinical record. • If the test results are equivocal, arrange a retest or refer to local NHS sexual health or GUM services. • Discuss with a clinic doctor, if not available, discuss with a Regional Clinical Director or refer to local NHS sexual health or genitourinary medicine (GUM) services as clinically indicated • Document advice given in the individual's clinical record

Action to be taken if the individual or carer declines treatment	• Ensure the individual is aware of the need for treatment and the potential consequences of not receiving treatment, including not being able to have an abortion procedure.
	• Advise pregnant individuals/individuals known to be at risk of pregnancy who decline azithromycin treatment that they should seek advice from a specialist in STIs for further consultation as the untreated infection may:
	  • complicate an abortion.
	  • complicate an ongoing pregnancy.
	  • be passed to the neonate.
	• If provided by the individual, document the reasons for declining in the individual's clinical record.
	• Discuss with a clinic doctor, if not available, discuss with a Regional Clinical Director or refer to local NHS sexual health or GUM services as clinically indicated
	• Document advice given in the individual's clinical record

Arrangements for referral for medical advice	• Inform and discuss with the doctor in clinic. If not available, discuss with either a regional clinical director or refer to local NHS sexual health or GUM services as clinically indicated. • In the event of a medical emergency, e.g., anaphylaxis, provide immediate care in line with UK Resuscitation Council guidance, dial 999 to summon a paramedic response and initiate emergency transfer to NHS care. • Document findings/action taken in individual's record

3. Description of treatment:	
Drug name, strength, and formulation	Azithromycin 250mg tablets *(nut and soya free preferred*)* OR Azithromycin 500mg tablets *(nut and soya free preferred*)* * *N.B.: Some brands of azithromycin contain soya or soya lecithin and are therefore contraindicated in individuals with an allergy to soya or peanuts. If the individual is allergic, check manufacturer's information for brand being used and if necessary, exclude from PGD or select an alternative suitable brand if available*
Legal category	POM
Route / method of administration	Oral
Indicate any off-label use (if relevant)	Best practice advice is given by BASHH and is used as the reference guidance in this PGD and may vary from the SmPC. This PGD includes off label use in the following conditions: • The dose of azithromycin stated in the BASHH guideline and therefore in this PGD is higher than the licensed dose. • Those under 18 years of age and under 45kg weight - azithromycin tablets are not licensed for use in children or adolescents weighing under 45 kg. • Breastfeeding individuals – BASHH states that 'Very low levels of azithromycin are detected in breast milk, and systemic exposure in infants does not exceed that observed when azithromycin is administered for treatment, therefore risk is considered to be low'.

<table>
<tr><td></td><td>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 BPAS Pharmacist or Medical team must be consulted. Where medicines have been assessed by a pharmacist / Medical team 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 the pharmacist / Medical team.

Where a medicine is recommended off-label consider, as part of the consent process, informing the individual/parent/carer that the drug is being offered in accordance with national guidance but that this is outside the product licence.</td></tr>
<tr><td>Dose and frequency of administration</td><td>
<table>
<tr><td>Day One:</td><td>1g taken as a single dose</td><td>Four 250mg tablets

OR

Two 500mg tablets</td></tr>
<tr><td>Day Two:</td><td>500mg once daily</td><td>Two 250mg tablets

OR

One 500mg tablet</td></tr>
<tr><td>Day Three:</td><td>500mg once daily</td><td>Two 250mg tablets

OR

One 500mg tablet</td></tr>
</table>
</td></tr>
<tr><td>Duration of treatment</td><td>3 days</td></tr>
<tr><td>Total quantity to be supplied as TTO</td><td>Appropriately pre-labelled TTO pack(s) totalling 2g Azithromycin:
Either:
8 x 250mg tablets
OR
4 x 500mg tablets
A single repeat course can be supplied under the PGD if vomiting occurs within 3 hours of a dose being taken.</td></tr>
<tr><td>Storage</td><td>Stock must be securely stored in accordance with the BPAS Medicines Management policy and in conditions in line with the SmPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk</td></tr>
<tr><td>Drug interactions</td><td>All concurrent medications must be checked for interactions.

The following interactions have been listed as severe in the BNF:
Berotralstat</td></tr>
</table>

	• Chloroquine • Colchicine • Dabigatran • Digoxin (except for the purpose of feticide) • Edoxaban • Hydroxychloroquine • Rifabutin • Talazoparib • Ticagrelor • Topotecan • Vinblastine • Vincristine • Vindesine • Vinflunine • Vinorelbine • Concomitant use of another medication known to cause QT prolongation (e.g., haloperidol, sotalol, terfenadine, pimozide) (For further information recommended resources include: CredibleMeds; registration required, or Sudden arrhythmic death syndrome (SADS) - Drugs to avoid) o Concomitant use of ergot derivatives such as ergotamine (Migril®) A detailed list of drug interactions is available in the SmPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk or BNF
Identification and management of adverse reactions	A detailed list of adverse reactions is available in the SPC and BNF The following side effects are very common/common with azithromycin: • Nausea • Anorexia • Vomiting • Dyspepsia • Dizziness • Skin rash • Pruritus • Arthralgia • Fatigue • Visual impairment • Headache • Diarrhoea • Abdominal pain/discomfort • Flatulence • Dysgeusia • Deafness • Paraesthesia This list may not represent all reported side-effects of this medicine. Refer to the most current SmPC for more information. A detailed list of adverse reactions is available in the SmPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk and BNF www.bnf.org. If necessary, seek appropriate emergency medical advice and assistance.
Management and reporting procedure for adverse reactions	Document any adverse effects in the individual's clinical records. If necessary, seek appropriate emergency medical advice and assistance as clinically indicated. Serious adverse drug reactions should be reported to the MHRA via https://yellowcard.mhra.gov.uk/

	Adverse drug reactions must also be reported via Datix, including drug name, strength, formulation, batch numbers and expiry dates.
Written information and further advice to be given to the individual or carer	**Medication:** • Ensure patient information leaflet (PIL) provided with original pack supplied to individual. Explain the course of treatment, mode of action, side effects and benefits of the medicine. • Azithromycin tablets can be taken at any time in relation to food but there should be a gap between taking the tablets and antacids. • If vomiting occurs within 3 hours of taking tablets offer option of repeat dose of azithromycin (under PGD). **Condition:** • Individuals diagnosed with *Chlamydia trachomatis* should be offered information (verbal, written and/or digital) about their diagnosis and management. • Discuss implications of incompletely treated/untreated infection of self or partner/s. • Advise to abstain completely from sexual intercourse (even with condoms) including oral sex, during treatment, for seven days after treatment and for seven days after partner(s) treatment. Where not achievable, advise on use of condoms. • Discuss risk of re-infection and further transmission of infection if after treatment, sexual intercourse takes place with an untreated partner/s. • Discuss partner notification and issue contact slips if appropriate. • Offer condoms and advice on safer sex practices and possible need for screening for sexually transmitted infections (STIs) • Ensure the individual has contact details of local sexual health services. **Additional information:** • Provide BPAS guide to STI testing booklet and relevant BPAS individual information booklet relevant to their treatment, including Aftercare information

Follow-up advice to be given to the individual or carer	• The individual/carer should be advised to seek medical advice in the event of an adverse reaction.
	• Inform the individual/carer of possible side effects and their management.
	• Follow BPAS Sexually Transmitted Infection Testing and Results policy for managing individuals and partner notifications appropriately
	• Individuals with Chlamydia trachomatis who have not had a full STI screen (or who did not have Chlamydia trachomatis diagnosed in a sexual health clinic) should be advised to attend a sexual health clinic / service for a full STI screen.
	• Routine follow-up for uncomplicated Chlamydia trachomatis following treatment with Azithromycin is not necessary but follow up and referral may be required for individuals:
	  ○ Who become symptomatic or where symptoms persist.
	  ○ Who choose to continue with their pregnancy.
	  ○ Where poor compliance is suspected.

Records to be kept	The following must be recorded in the individual records in line with the NMC Code and BPAS' Record Keeping policy, using black ink if written:
	• The consent of the individual and
	  ○ If individual is under 13 years of age record action taken
	  ○ 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. • Individual's name, date of birth, any known allergies • Indications for use, patient inclusion, or exclusion from PGD, relevant past and current medical and sexual history, including medication history. • Name of medication, dose / quantity supplied. • Date and time of supply. • Any actions taken following supply. • Signature, printed name and designation of registered health professional supplying and detail of double checking, if required • Advice given about the medication including side effects, benefits, and when and what to do if any concerns. • Advice given, including advice given if excluded or declines treatment. • Details of any adverse drug reactions and actions taken • Any referral arrangements made. • Any supply outside the terms of the product marketing authorisation • Detail that medicine supplied using a 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.**

4. References and other source material:

- BASHH CEG September 2018 – Update on the treatment of *Chlamydia trachomatis* (CT) infection https://www.bashhguidelines.org/media/1191/update-on-the-treatment-of-chlamydia-trachomatis-infection-final-16-9-18.pdf
- Electronic Medicines Compendium: Azythromycin film-coated tablets 250mg (last updated Jan 2023) Azithromycin 250mg film-coated tablets - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk)
- BNF https://bnf.nice.org.uk/drug/azithromycin.html
- NICE, 2017. Medicines practice guideline Patient Group Directions www.nice.org.uk/guidance/mpg2
- Royal Pharmaceutical Society Safe and Secure Handling of Medicines December 2018 https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines
- UK Resuscitation Council, 2021. Adult basic life support Guidelines | Resuscitation Council UK

5. Audit and ongoing monitoring of this PGD.

Please refer to the 'Audit' section of the BPAS Patient Group Direction policy for additional guidance in relation to PGD audit.

The PGD audit tool is available here: British Pregnancy Advisory Service - Audit Tools - All Documents (sharepoint.com).

Units must retain a local copy of the completed audit tool as evidence.

The PGD audit criteria include:

1. Staff member has named, dated, and signed the relevant PGD document.

2. Individual is documented as being referred to a medical practitioner if they are excluded from treatment under the PGD and there is no suitable alternative.
3. Date and time of supply / administration is on the prescription record / CAS2.
4. Individual details – name, date of birth, allergies and any previous adverse effects are on the prescription record / CAS2.
5. Details of the medicine – name, strength, dose frequency, quantity, route, and site (if by injection) of administration are on the prescription record / CAS2.
6. A statement that supplies or administration is by using a PGD is on the prescription record / CAS2.
7. Name and signature (which may be electronic for CAS2 records) of the health professional supplying or administering the medicine is on the prescription record / CAS2.
8. Relevant information was provided to the individual or their carer.
9. Individual not documented to be allergic to the drug.
10. Paper documentation in related to PGDs are in black ink only.
11. Where appropriate for the medication, correct scheduling has been discussed.
12. Individual does not meet any exclusions or contraindications listed in the most up to date PGD.

Appendix A: Approved Practitioner List

Patient Group Direction (PGD) name:	For the supply of Azithromycin for the treatment of uncomplicated Chlamydia trachomatis v 2.2	
	Valid from: 01/08/2024	**Expiry: 31/03/2026**

Registered health professional

By signing this PGD you are indicating that you agree to its contents and that you will work within it.

PGDs do not remove 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. The practitioner MUST sign this document before they can work under this PGD.

I confirm that I have read and understood the contents of this PGD. I confirm that I am willing and competent to work to this PGD within my professional code of conduct.				
Name (print)	**Designation**	**NMC PIN**	**Signature**	**Date**

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 for the above-named health care professionals who have signed the PGD to work under it.				
Name	**Position**	**BPAS Treatment Unit**	**Signature**	**Date:**

Note to authorising manager.

- Score through unused rows in the list of registered health professionals to prevent additions post managerial authorisation.
- If registered health professional signatures need to be added at a later date, e.g. due to staffing changes, a separate Approved Practitioner List must be signed, ensuring the correct PGD name and version is detailed.
- This authorisation sheet should be retained to serve as a record of those registered health professionals authorised to work under this PGD as specified in the BPAS PGD policy.
- This list must be stored by the Treatment Unit in a designated folder and be available for immediate inspection, alongside any training / competency records. If a registered professional works across multiple sites, they must sign the Approved Practitioner List for each PGD at each BPAS site where they will use the PGD.