

## **Common Conditions Service: Frequently Asked Questions**

### **Introductory Questions**

#### **What is the Common Conditions Service?**

The Common Conditions Service is a new service where pharmacists can prescribe in accordance with Common Conditions protocols for a defined list of conditions in the community pharmacy. It was a recommendation from the Expert Taskforce to Support the Expansion of the Role of Pharmacy.

#### **What conditions are covered under the service?**

Shingles, Acute Infective Conjunctivitis, Impetigo, Oral Thrush, Cold Sores, Allergic Rhinitis and Allergic Conjunctivitis, Uncomplicated Lower Urinary Tract Infection, Vulvovaginal Thrush.

#### **Do I have to offer consultations for all 8 conditions, or can I decide which conditions I will deliver consultations for?**

All pharmacies offering the service must offer all eight conditions, as per the terms of the Community Pharmacy Agreement 2025.

#### **When can I start offering the service?**

The Common Conditions Service will officially launch to the public in mid-January 2026. Pharmacists/pharmacies can start offering the service in a fully private capacity in advance of this date, once they have completed the mandatory Common Conditions Service and training as specified by the PSI accessible through the [IIOP](#) and are satisfied that they can adhere to the necessary record-keeping requirements and [regulatory guidance](#). The mechanism for reimbursement of drugs, where applicable, under the community drug schemes will be in place from January (February onwards claim period) to coincide with the public campaign.

#### **Do I need to register my intent to deliver the service with anybody (DoH/HSE/PSI) in advance of service launch?**

In accordance with the Community Pharmacy Agreement 2025 participants must notify the HSE of their intention to offer the service. This is so that their details are updated on the Pharmacy Finder website, enabling members of the public to identify participating providers.

#### **Does listing my pharmacy as a service provider on the Pharmacy Finder mean that I have to offer the service at all times that the pharmacy is open?**

No, inclusion on the Pharmacy Finder is to facilitate members of the public to identify participating providers. You will be free to set your own hours of operation of the service.

#### **Where can I access the clinical protocols?**

Clinical protocols are available on the HSE website [here](#).

#### **What key documents do I need to be familiar with before I offer the service?**

- Medicinal Products (Prescription and Control of Supply) (Amendment) (No. 3) Regulations 2025 (S.I. No. 502/2025)
- Regulation of Retail Pharmacy Businesses (Amendment) Regulations 2025 (S.I. No. 503/2025)
- Medicinal Products (Control of Placing on the Market) (Amendment) Regulations 2025 (S.I. No. 504/2025)
- Pharmaceutical Society of Ireland (Education and Training required to prescribe medicinal products in accordance with a Common Conditions Service) Rules 2025 (S.I. No. 507/2025)
- Medicinal Products (Prescription and Control of Supply) (Amendment) (No. 4) Regulations 2025 (S.I. No. 625/2025)
- [Common Conditions Service | PSI](#)
- [Common Conditions Service - HSE.ie](#)
  - Protocols

- Logo guidelines
- Operational guidance
- [Common Conditions Service Training | IloP Portal](#)
- Summaries of Product Characteristics for the relevant medicines on the [HPRA website](#)

## **Consultation Structure**

### **Is the patient required to be physically present in the pharmacy?**

Yes. The Common Conditions Service (CCS) must be provided in-person in a registered pharmacy, within the designated patient consultation area that maintains privacy and confidentiality. Legislation and PSI guidelines require structured, documented assessments and real-time record-keeping. Remote tools may be used for pre-screening where appropriate to support workflow efficiency.

### **How can patients access the service?**

Pharmacists are best placed to decide the appropriate route for assessment and treatment. The CCS is not intended to replace or impede OTC access to medicines. There is no change to the prescription status of any medicine included in the CCS protocols. Pharmacists may provide OTC advice or treatment in line with existing practice or may decide that a CCS consultation is appropriate. Where the CCS route is followed, pharmacists must complete a structured consultation under the relevant clinical protocol, documenting assessment, rationale, and safety-netting.

### **Can a patient who presents requesting an over-the-counter treatment (named product request) for a medication used to treat one of the eight common conditions be referred into the service?**

Yes.

### **Can a patient who presents for advice on the management of symptoms associated with one of the eight conditions be referred into the service?**

Yes.

### **Can patients self-refer into the service?**

Yes.

### **Can patients be referred into the service by pharmacy staff?**

Yes.

### **Will the CCS mean pharmacists will no longer need to carry out consultations before supplying OTC medicines?**

No. The CCS extends pharmacists' scope but does not change existing requirements for OTC sales. Routine OTC sales outside the Common Conditions Service remain governed by existing pharmacy practice standards and existing legislation. CCS consultations require clinical assessment, structured documentation and record keeping.

### **When should a patient be referred to another healthcare practitioner?**

For all clinical consultations undertaken as part of the Common Conditions Service, it is important that inclusion and exclusion criteria are reviewed in the clinical protocols. If the individual does not fulfil the inclusion criteria, they should be sign-posted to another healthcare practitioner if necessary. Additionally, should they fulfil the exclusion criteria, they should be directed to the appropriate Healthcare Facility, as specified in each protocol.

### **If the outcome of a CCS consultation is referral, does a referral note/letter need to be provided?**

Whether written documentation is provided to the patient is at the discretion of the pharmacist. Written documentation is encouraged in the presence of clinical signs that may evolve between initial review as part of CCS consultation and review by GP or other healthcare professional, e.g. details of rash appreciated during clinical review for Shingles.

Under current HSE and DoH policy, the emergency department fee waiver applies only when a GP referral letter is presented.

**Will pharmacists be required to formally communicate treatments or prescriptions to patients' GPs?**

No. There is no legal requirement to notify a GP following a CCS consultation. However, if information is shared with another healthcare professional, patient consent for such sharing must be documented, and the communication recorded in the consultation notes. In cases where consent is not provided but there is a risk of serious harm, pharmacists delivering the CCS should use their professional judgement to determine whether disclosure of the information is necessary, ensuring such disclosures are lawful, proportionate, and clearly documented.

**Will pharmacists have access to test results?**

Pharmacists must record any relevant test results provided by the patient during assessment. If test results required by the protocol are unavailable, pharmacists must act within the limits of the protocol and refer where appropriate. Relevant test results must be documented in the patient record.

**Clinical Considerations**

**Can a pharmacist treat two or more conditions at the same time in one consultation?**

Yes. Where clinically appropriate, pharmacists may treat multiple common conditions, ensuring adherence to each relevant protocol and associated documentation requirements.

**Will children be eligible to access the CCS?**

Yes, for certain conditions. Each protocol specifies inclusion and exclusion criteria, including age limits. Pharmacists must follow HSE-approved protocols and training requirements. Children under the age of 16 need parent/guardian consent and the same parent/guardian must be physically present.

**How often will clinical protocols be reviewed and updated?**

HSE clinical protocols will be reviewed periodically, maintained by the HSE, and approved by the Minister for Health. Updates will be communicated via IOP/HSE/PSI webpages, emails and pharmacy circulars.

**Prescription Format & Record Keeping**

**Will there be a prescription template?**

Yes. A prescription template is available as part of the operational guidance. Pharmacists may choose to issue a prescription in hard-copy or to use Healthmail. Both electronic and paper prescriptions are valid, provided all legislative requirements are met.

**If the prescription is not dispensed in the pharmacy where the consultation occurred, will there be additional prescription requirements that pharmacists must meet?**

Pharmacists must inform the patient of their right to have the medicine dispensed at another pharmacy and must prepare the prescription appropriately so it can be dispensed elsewhere. Pharmacists may transmit the prescription electronically via Healthmail or may issue a paper prescription. All prescriptions issued as part of the Common Conditions Service must meet existing prescription requirements. PSI Guidelines provide further guidance on these requirements.

**How should pharmacists manage prescriptions received from another pharmacy?**

Dispensing pharmacists are not required to verify the training status of a pharmacist who has issued a prescription under the CCS from another pharmacy. Dispensing pharmacists must ensure all prescriptions are legally valid and clinically appropriate, in the usual way.

**What measures are in place to prevent duplicate or fraudulent prescriptions?**

Pharmacists must document patient history, check previous supplies, and maintain comprehensive consultation records. Until a National Shared Care Record is available, robust governance, SOPs, and vigilance remain key safeguards as per current practice for dispensing prescriptions issued by other prescribers.

**How should consent and data protection be managed?**

Informed consent must be documented for prescribing and sharing information. Records must be stored securely in compliance with pharmacy and data protection legislation.

**How should pharmacists distinguish between prescribing vs. dispensing roles?**

Where prescribing and dispensing take place within the same pharmacy, pharmacists must ensure that this is in the best interest of the patient and reflects the patient's choice.

Pharmacists should strive for clear separation of prescribing and dispensing roles where possible. Those in governance roles should ensure there are arrangements and associated documented policies and or standard operating procedures (SOPs) in place in the pharmacy to support independent clinical decision-making, transparency and accountability where feasible between the pharmacist who prescribed the medicine as part of the Common Conditions Service and the dispensing pharmacist. This may include separate documentation, signoffs and oversight.

Where there are two pharmacists available, the second pharmacist should dispense the medication, where possible. Where a sole pharmacist is involved in both prescribing and dispensing a patient's medication, a pharmacist should take a mental break between prescribing and dispensing and a second suitably trained person should be involved in a second check of the accuracy of the medicines provided.

**What are the record-keeping requirements for the consultations?**

Legislation and PSI guidelines require structured, documented assessment and real-time record-keeping for all individuals seen as part of a CCS Consultation. A sample Consultation Record is included in Appendix 1 of the Operational Guidelines which pharmacists are encouraged to use. Any forms used must, at a minimum, capture the dataset included in the sample consultation record form. Consultation Records must include the following:

- **Patient Details:** Name, Date of Birth, Contact Phone Number, PPSN (if known), Eircode, Eligibility Status
- **Professional Details:** Pharmacist Name, PSI Registration Number, Pharmacy Name and Address
- **Consultation Details:**
  - Date of Consultation/Decision
  - Relevant Details, as appropriate
  - Consent from Patient or carer
  - Medical History
  - Current Medications
  - Allergy Status and Nature of Reaction
  - Presenting Complaint
  - Clinical Measurements, as per relevant protocol
  - Decision taken by Pharmacist
  - Consultation Outcome (Self-Care, OTC Product Supplied, POM prescribed, Signposting/Referral to Other Healthcare Facility)
- **Details of the Prescription,** if prescription issued as part of consultation, regardless of where dispensing occurs

**What details must be captured if a pharmacist prescribes a prescription as part of the Common Conditions Service?**

Pharmacists must ensure that the following are captured within the prescription register /daily audit every time a pharmacist writes a prescription as part of the CCS:

- the date of the decision;
- the name and registration number of the registered pharmacist who made the decision to issue the prescription; and
- details of the prescription.

**What details must be captured to fulfil the legislative requirement to record “details of the prescription”, as referred to in the previous question?**

Details of the prescription includes

- the name, quantity and, except where it is apparent from the name the pharmaceutical form and strength of the product
- the name and address of the person for whom the product is prescribed
- the address of the pharmacy where the prescription was issued.

**What are the record-keeping requirements for Pharmacist Prescribing under the Common Conditions Service?**

Pharmacists are responsible for maintaining accurate, clear, and up-to-date records. This supports continuity of care, facilitates audit, protects patient safety, and provides evidence of professional decisions. Effective record-keeping facilitates communication within the pharmacy team and provides a reliable reference for future care. It is especially important when the pharmacist performs both prescribing and dispensing roles, to ensure transparency and accountability in line with professional and ethical expectations.

In summary, a pharmacist must keep a record of the consultation, a record of any prescription issued, and a record of any dispensation.

## **Liability / Indemnity**

**What are the professional indemnity insurance requirements for pharmacists providing a Common Conditions Service?**

Pharmacists providing a Common Conditions Service (CCS) are required to ensure they have appropriate professional indemnity insurance in place. Although all pharmacies are required to hold professional indemnity insurance as a condition of their pharmacy’s registration, these policies may not automatically cover all individual pharmacists, such as employees, locum pharmacists, or former employees, particularly in specific situations like disciplinary matters.

Therefore, all pharmacists, including locum pharmacists, are advised to carefully review their professional indemnity arrangements concerning the provision of the CCS. Community Pharmacists are encouraged to confirm with their individual indemnity provider that their insurance cover is adequate and appropriate for providing the service.

**What safety-netting will be in place if a product prescribed is unsuitable or if a patient has an adverse event?**

Pharmacists are responsible for their prescribing decisions and must only prescribe in line with the relevant clinical protocols and approved training. Patients should be referred appropriately to the relevant healthcare professional in the event of an adverse event or outcome.

**If a pharmacist prescribes a medicine that is not in line with the relevant clinical protocol and another pharmacy dispenses it, where does the liability lie?**

A pharmacist who prescribes a medicine as part of the Common Conditions Service is responsible for their prescribing decisions and for ensuring that the clinical care they provide is in line with the relevant protocol. Pharmacists must ensure appropriate documentation of CCS consultations including recording the rationale for their prescribing decisions.

A pharmacist who dispenses a medicine prescribed as part of the Common Conditions Service is responsible for ensuring that they carry out the same dispensing checks and review the prescription for therapeutic appropriateness as with any other prescription. Pharmacists should make themselves aware of what medicinal products are included in Schedule 13 of the Medicinal Products (Prescription and Control of Supply) Regulations, as amended.

#### **Will pharmacists be allowed to prescribe unlicensed medications or to prescribe off-label?**

Pharmacists who have completed the appropriate training can prescribe from the approved list of medications included in each clinical protocol, including both over-the-counter and prescription-only medicines. The only medicines that pharmacists are enabled to prescribe are specified in schedule 13 of the Medicinal Products (Prescription and Control of Supply) Regulations, as amended. This includes some unlicensed medicines, and the necessary legislative changes have been made to enable this.

Off-label prescribing relates to the use of an authorised medicine outside of the conditions of its marketing authorisation as outlined in the SPC for that medicine (e.g. at an alternative dosage frequency). Some of the protocols include options that involve off-label prescribing, which pharmacists may prescribe, where appropriate, in line with the relevant clinical protocols.

Further information on the additional prescriber responsibilities associated with the prescribing of unlicensed medicines or off-label prescribing is provided in the training associated with the common conditions service.

#### **Will locum pharmacists have authority to prescribe for CCS in pharmacies that are participating in the CCS?**

Locum pharmacists employed on a temporary basis who have successfully completed the training may be authorised to provide the service following local agreement with those in pharmacy governance roles in community pharmacies. They must be able to produce a record of their training upon request.

#### **Will there be a way to verify if a prescription has been written by a pharmacist that has completed the training (e.g. additional qualifications shown on PSI register)?**

The PSI pharmacist register does not provide a facility to verify whether a pharmacist has completed specific training, such as CCS training.

It is essential that all pharmacists, including locum pharmacists, maintain a personal record of any CCS training they have undertaken. These records should be readily available for review upon request, whether by employers or the PSI. Ensuring that up-to-date evidence of training is maintained is a professional responsibility and supports compliance with regulatory expectations.

### **Reimbursement / Operational**

#### **Will pharmacies charge a consultation fee for the service or will the HSE cover the consultation fee for the service?**

The Common Conditions Service will be accessible to all. A consultation fee will apply for all patients availing of the service. Where a reimbursable medicinal product is dispensed, community pharmacies will be reimbursed in line with the patient's eligibility under the HSE Community Drug Schemes. Pharmacies should be transparent about any fees involved in the service before providing the service to an individual patient in line with PSI's Guidelines for the service and PSI's Guidance to support transparency of medicines pricing and fees for pharmacy services. The HSE do not cover the cost of the consultation fee for any member of the public, regardless of eligibility status.

#### **Will prescriptions generated under the Common Conditions Service (CCS) be reimbursable under GMS / DPS?**

Yes, medicines prescribed as part of the Common Conditions Service will be eligible for reimbursement under the patients' existing eligibility (i.e. GMS/DPS). Claims are submitted in the normal manner to the HSE PCRS for payment of ingredient cost and dispensing fee.

**Will there be a requirement that prescriptions issued under the CCS are provided on a GMS Prescription Form for GMS patients? If so, will GMS Prescription Form pads be issued to pharmacies? How is it envisaged that the GMS number would be managed in this situation – at a pharmacy level or pharmacist level?**

CCS prescriptions can be sent by Healthmail, printed and signed, or handwritten. For CCS prescriptions which are printed or handwritten, private prescription forms will be accepted. Pharmacists will be required to provide their own prescription pads. A prescription template is provided in the operational guidance. GMS prescription pads are not required and will not be provided to pharmacies. Online Eligibility Confirmation is available through the Pharmacy Application Suite.

**Will the PCRS maintain a list of products reimbursable under the CCS? If so, will it be managed in a similar way to the LTI list and made available to the IPU each month for inclusion in IPU Product File? Would such a list be one list to cover all conditions, or would it be broken down by condition? If not, will the approach be that if the dispensed product is on the formulary, has a GMS code and is reimbursable under an existing scheme (for eligible patients), it will be reimbursed? EMPs can be prescribed under the CCS protocols. Will these medications be automatically covered under DPS/HAA using 777 codes and under the Discretionary Hardship Arrangement, or will pharmacists need to check with the PCRS/Hardship office each time they are dispensing under the community drug schemes?**

A list of items which are reimbursable under Community Drug Schemes is available at <https://www.sspcrs.ie/druglist/pub>. Where a pharmacist prescribes a medicinal product from the approved list within the clinical protocols, community pharmacies will be reimbursed in line with the patient's eligibility under the HSE Community Drug Schemes. There are no changes to the existing reimbursement rules. Further information will be communicated via a Circular issued by PCRS in advance of the CCS launch.

**Currently, for EHC, the PCRS accepts the pharmacy GMS number when claiming for the EHC medications. Will the same apply under CCS? Is it envisaged that the prescriber's name for claiming purposes will be the pharmacist or pharmacy?**

Pharmacists will be required, for the purposes of claiming under Community Drug Schemes, to identify the prescriber as the Pharmacy Contract Number. Further information will be communicated via a Circular issued by PCRS in advance of the CCS public launch.

## **Antimicrobial Resistance**

**How have concerns around antimicrobial stewardship been addressed in the design of the service?**

The HSE (Antimicrobial Resistance and Infection Control) AMRIC team are subject matter experts in antimicrobial resistance and good antimicrobial stewardship (AMS) and have contributed to the development of the clinical protocols, pharmacist training and the formulary used in the service.

Antimicrobial prescribing under the CCS must follow HSE antibiotic prescribing guidance, good antimicrobial stewardship principles and PSI guidelines. Pharmacists already apply good antimicrobial stewardship principles in their day-to-day practice and are expected to continue to abide by these principles when prescribing in line with the clinical protocols as part of the Common Conditions Service including avoiding inappropriate use of antimicrobial medicines.

## **Training**

### **What training does a pharmacist need to complete in order to offer the service?**

Pharmacists must complete the mandatory training specified by PSI available through the IOP. This consists of a core regulatory model, and individual clinical modules for each condition.

### **How long does IOP Training take?**

The training is available as self-directed, online modules through the IOP. There are nine modules in total. There is a mandatory Core Module that outlines the legislative basis, ethical framework, and professional standards underpinning the CCS. It details the governance, and record-keeping requirements, introduces the clinical protocols for the service and PSI Guidance. This module also includes an overview of patient consultation and communication skills to support safe and effective patient care in the delivery of the CCS. There is also a mandatory module for each of the eight common conditions.

Pharmacists can complete the training at their own pace and a time that suits them best. The modules vary in length based on the relative complexity of the condition. While the time it will take will vary for each pharmacist, on average, each module is likely to take between 30-60 minutes to complete.

To deliver the Common Conditions Service (CCS), pharmacists must hold certificates of completion from IOP for each of the following:

- Common Conditions - Core Module
- Common Conditions - Condition Specific Modules

Pharmacists may also identify additional learning that they may wish to undertake to supplement the information contained within the training.

### **How often will training renewal be required? How long will certificates be valid for?**

Following initial successful completion of the training, pharmacists are not required to repeat the Common Conditions training at specified intervals. However, pharmacists are expected to engage in ongoing needs based, outcomes focused continuing professional development (CPD) to ensure that they maintain relevant knowledge and skills to safely fulfil their roles. Pharmacists may repeat the training or aspects of the training if they consider it necessary to address their own CPD needs.

### **Will there be a booklet available / course material in paper form to study from, the exact training material on the IOP e-learning?**

No, the training is a fully online programme available via the IOP.

### **Is IOP training available to Locum Pharmacists?**

Yes. The training is available to all registered pharmacists via the IOP.

### **Will this be included in the MPharm degrees to ensure new pharmacists are prepared?**

The training is currently only available to registered pharmacists. In the future the PSI will be exploring how best to facilitate students undertaking the training before they register

Pharmacists wishing to deliver this service must:



1. Complete the mandatory Common Conditions Service training. Training can be accessed on the [Irish Institute of Pharmacy website](#).
2. Adhere to the information and recommendations included in the Clinical Protocol for the relevant common condition and always ensure that they are following the current version of the protocol. Current versions of the Clinical Protocols can be accessed on [the HSE website](#).
3. Comply with legislation in place that relates to delivery of the service and any associated guidance from the PSI.

NOTE: Locum pharmacists employed on a temporary basis who have successfully completed the training may be authorised to provide the service following local agreement with those in pharmacy governance roles in community pharmacies. They must be able to produce a record of their training upon request.

### **Where can I access the pharmacist training?**

Training is available through [the IIOP](#).

### **Will training be mandatory?**

Any pharmacist who wishes to provide the CCS must complete the mandatory Common Conditions Service training approved by PSI and available through the Irish Institute of Pharmacy (IIOP) before providing the service and must maintain records of completed training. Evidence of training for all pharmacist staff providing the CCS must be available for inspection.

### **How can pharmacies ensure that all pharmacist staff including locums are trained?**

Those in governance roles in pharmacies are expected to maintain training records for the service and to ensure that these are available for inspection. Confirmation that a locum pharmacist has completed the training must be obtained before the locum can be authorised to deliver the service in the pharmacy. Similarly, locum pharmacists must ensure that the pharmacy they are working in is delivering the CCS before providing this service. SOPs for the service should define who in governance is responsible for maintaining training records and making these available for inspection, including locum pharmacist training records.

### **If a pharmacist has completed training to deliver a common conditions service/minor ailment scheme in another jurisdiction will this be recognised as approved training which allows the pharmacist to deliver the CCS in Ireland?**

All pharmacists who wish to provide the Common Conditions Service must complete the mandatory PSI-specified training for the service which is available through the IIOP. The PSI is examining how relevant prior learning/practical experience could be recognised for pharmacists with appropriate training.

## **Data Champions**

### **What type of data will be collected from the Data Champions?**

RCSI research, carried out between 2024 and 2025, has identified 7 outcomes that are considered critically important for evaluating the impact of pharmacist prescribing with a Common Conditions Service:

- Patient experience and satisfaction with care
- Access to care
- Guideline concordance/appropriateness of medications
- Symptom resolution or improvement, or clinical cure
- Re-consultation with other health care providers/other healthcare utilization
- Cost of care to the healthcare system
- Referral to other healthcare providers

Some can be easily recorded at point of service delivery and others will require additional/alternative sources of data. The data sources have been designed to provide information to assess all outcomes mentioned above.

Data champions will be required to:

- Provide an export of anonymised data from their Common Condition Service records every six months
- Complete a service feedback survey to capture operational experience
- Participate in small focus groups, as may be required, to evaluate operational aspects of the service

#### **What remuneration is available for the Data Champions?**

An annual allowance of €1,667 will be paid to each of the 150 Community Pharmacy Contractors who are selected on completion of an expression of interest to collect and return data for the purposes of the evaluation of the Common Conditions Service, and to help inform plans for future expansion of the service. For avoidance of doubt these contractors will need to collect and provide the data in a digital format as per CCS requirements.

#### **Will the data and insights be used to update ongoing training requirements?**

Information supplied by the data champions will assist with the overall evaluation of the CCS, including evaluation of the clinical protocols and the education and training. Data champions will be asked about their views on the education and training materials made available to them as part of the CCS. This will help to inform the education and training for expansion of pharmacy services moving forward. Additional research is being conducted by RCSI into the education for the Common Conditions Service to gather information on pharmacist perceptions of training provided and their self-efficacy ratings of different aspects of prescribing skills. These findings will be used to shape CCS training quality improvement as well as prepare for wider prescribing training programmes.

#### **How will the data be collected (will there be a tool that will be provided to collect this data on the interactions in a very quick and accurate way)?**

The IOG are working to finalise the methods for data collection, focusing on coded data made available through pharmacy information systems which will aid in quick and accurate data capture.