



Operational Guidance for Pharmacists and Pharmacies Delivering the Common Conditions Service (CCS)



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1. Background

1.1 Purpose and Scope

This guidance outlines the operational processes for pharmacists and pharmacies delivering the Common Conditions Service (CCS) within community pharmacy settings.

This guidance has been prepared by the Community Pharmacy Expansion Implementation Oversight Group and will be reviewed on a yearly basis, or as required by service developments.

1.2 Service Development

The Common Conditions Service was developed to enable community pharmacists to provide advice and treat common and often self-limiting conditions in community pharmacies. To advance the necessary clinical, regulatory, educational, operational and legislative measures to enable common conditions services (CCS), a Community Pharmacy Expansion Implementation Oversight Group (IOG) was established. Under the remit of the IOG, a HSE Clinical Sub-Group was formed, comprising a multidisciplinary group of relevant clinical experts. Among their responsibilities were finalising the appropriate conditions for inclusion, developing a clinical framework for the service, and finalising the appropriate medicinal products for inclusion.

1.3 Service Objectives

The CCS enables pharmacists to assess and treat patients presenting with a defined list of common conditions in accordance with national legislation, CCS protocols, governance standards and regulatory frameworks. There are eight Common Conditions included in this service, which are:

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

All pharmacies offering the service must do so for all eight conditions, as per the terms of the [Community Pharmacy Agreement 2025](#).

1.4 Legislative Enablers

In 2025, amendments to legislation enabled:

- Pharmacists to provide a CCS in a community pharmacy setting, including the assessment, counselling, and supplying certain over the counter (OTC) and prescribing prescription-only-medicines (POM) through established protocols.

The legislation requires pharmacists to have completed PSI-specified training and follow CCS protocols. Regulation 5C of the Medicinal Products (Prescription and Control of Supply) (Amendment)



Regulations 2025 [S.I. No. 502/2025] provides a legal framework for pharmacist prescribing under CCS.



2. Requirements for Service Provision

2.1 Pharmacist Eligibility

2.1.1 Clinical Skills and Knowledge

Pharmacists delivering this service must:

- Complete the mandatory Common Conditions Service training. Training can be accessed on the Irish Institute of Pharmacy website.
- Operate within their scope of practice, adhering to the information and recommendations included in the Clinical Protocols, ensuring that they are following the current version of the protocol. Current versions of the Clinical Protocols can be accessed on the HSE website.
- Comply with legislation in place that relates to delivery of the service and any associated guidance from the PSI.
- Maintain appropriate consultation records, in accordance with legislative and guideline requirements.

Additionally, they must be familiar with the approved list of medications included in each clinical protocol, including both over-the-counter and prescription-only medicines. The Schedule of Medicines is outlined in Schedule 13 of the Medicinal Products (Prescription Control and Supply) Regulations, as amended.

2.1.2 Training Records

Pharmacists who prescribe under the CCS must complete PSI-specified training. Each pharmacy must maintain evidence of training for pharmacists providing the service. In instances where a pharmacist is presented with a prescription issued by another pharmacist, they are not required to verify the training status of the prescribing pharmacist.

All pharmacists including locum pharmacists 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.

2.1.3 Indemnity

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.



2.2 Infrastructure and Equipment

2.2.1 Consultation Room:

Common Conditions Service consultations must take place in a designated patient consultation area that allows the patient and the pharmacist to interact in a setting that respects the privacy of the patient. It should be conveniently located, fit for purpose, and wheelchair accessible. Further guidance regarding consultation areas is available from the PSI ([Guidelines on Patient Consultation Areas in Retail Pharmacy Businesses | PSI](#))

2.2.2 Clinical Equipment

As part of a clinical consultation, pharmacists should have ready access to the clinical equipment required to perform a comprehensive review as part of the Common Conditions Service. The clinical equipment requirements are specified in each of the CCS protocols.

3 Service Overview

3.1 Patient Eligibility

The CCS is available to patients presenting with symptoms suggestive of one of the approved common conditions as set out by the CCS protocols. The pharmacist must ensure that the condition is within the service scope, the patient meets the inclusion criteria, that the exclusion criteria are reviewed and acted upon if appropriate, and that informed consent is obtained and documented.

3.2 Informed Consent

Obtaining informed consent is a legal and ethical requirement in healthcare and must be applied and documented across all aspects of delivery of the Common Conditions Service, including clinical consultation, issue of prescriptions, and communicating with other healthcare professionals. Further information is available in the HSE National Consent Policy (www2.healthservice.hse.ie/files/156/)

3.3 Consultation Process

A CCS consultation must be a **confidential conversation** that takes place in the consultation room of the pharmacy and must include:

1. Patient assessment of relevant history, symptoms, and if required, measurements.
2. Clinical decision-making following **evidence-based clinical protocols**.
3. **Documentation** using the CCS Consultation Record Form (See Appendix 1) including details of the outcome, including any safety-netting

While the consultation must take place in person, remote tools may be used for pre-screening where appropriate to support workflow efficiency.



3.4 Documentation and Record Keeping

3.4.1 Consultation Form

Legislation and PSI guidelines require structured, documented assessment and real-time record-keeping for all individuals who undergo a CCS Consultation. A Consultation Record Form is included in Appendix 1. 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, e.g.:
 - 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 (See 3.4.2)
- **Details of the Prescription**, if prescription issued as part of consultation, regardless of where dispensing occurs.

3.4.2 Consultation Outcome

A CCS consultation may result in one or more of the following outcomes:

- **Advice:** provision of advice and self-care guidance.
- **OTC Supply:** supply of non-prescription medicines.
- **Prescription:** generation of a prescription, for a medicine listed in the Schedule of Medicines included in the relevant CCS protocol, for treatment
- **Sign-Posting / Referral** to another Healthcare Facility or Healthcare Practitioner (See 3.4.3)

3.4.3 Sign-Posting / Referral

For all consultations undertaken as part of the CCS, it is important that Inclusion and Exclusion Criteria listed in the relevant CCS Protocol are reviewed, and where these are present, appropriate action is taken as specified in the Protocol. Whether written documentation is provided 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.



3.4.4 Prescription Requirements

A prescription must be written for any prescription-only medications prescribed following a clinical consultation. A prescription is also required for any reimbursable medications under the Community Drug Schemes. The prescription must include the following elements:

- **Pharmacy Details:** Name, Address, Contact Details
- **Patient Details:** Name, Date of Birth, Address, Individual Health Identifier (if available), Community Drugs Scheme Eligibility (including eligibility number, if applicable)
- **Medication Details:** Name, Dose, Frequency, Duration, Quantity, Dispensing Information, Instructions for use, Special Instructions (if applicable)
- **Prescriber Details:** Name of pharmacist issuing prescription, Pharmacy Contract Number, Professional Registration Number

Pharmacists must inform the patient of their right to have the medicine dispensed at another pharmacy and must complete the prescription appropriately such that it can be dispensed elsewhere. Pharmacists may transmit the prescription electronically via Healthmail or may issue a paper prescription. There are no additional requirements – all prescriptions issued as part of the Common Conditions Service must meet existing prescription requirements. (See Appendix 2.) Additionally, individuals should be advised to inform any relevant healthcare professionals of their use of a medication prescribed as part of the CCS when accessing other health services.

3.5 Reimbursement

A private consultation fee may apply for 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. 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. Further information will be communicated via a Circular issued by PCRS in advance of the CCS public launch.

4. Governance

Pharmacists and those in pharmacy governance roles must ensure that provision of the Common Conditions Service occurs in line with relevant legislation, PSI guidance and the clinical protocols specifically developed for the service by the HSE and approved by the Minister for Health.



5. References

1. Community Pharmacy Agreement, 2025: [Community_Pharmacy_Agreement_2025.pdf](#)
2. Regulation 5C of the Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations 2025 [S.I. No. 502/2025]: [S.I. No. 502/2025 - Medicinal Products \(Prescription and Control of Supply\) \(Amendment\) \(No. 3\) Regulations 2025](#)
3. Guidelines on Patient Consultation Areas in Retail Pharmacy Businesses, PSI: [Guidelines on Patient Consultation Areas in Retail Pharmacy Businesses | PSI](#)
4. HSE National Consent Policy: [HSE_Consent_Policy_2022_v1.2_-_Jan_2024.pdf](#)



Appendix 1: Consultation Record Form

To be completed by patient:

Patient information	
Name	
Date of Birth	
Sex	
Contact Number	
Address	
PPSN (if known)	
Date of Consultation	

GMS card [yes] [no]	GP visit card [yes] [no]	DPS card [yes] [no]	
If yes, please record card number: _____			

Medical History	
Existing health conditions	
Current medications	
Allergies	
Presenting complaint	

To be completed by pharmacist:

Pharmacist information	
Name, PSI number, Pharmacy address	

Measurement [to be filled in as required by the relevant protocol]	
BP	
BMI	
Other	

Consultation outcome			
Referral	Self-care advice	OTC product supplied	Prescription for treatment issued
Reason for referral [if relevant]			

Communication with other healthcare professional (if relevant)	
Document any notes here	
Document patient consent	

Treatment	
Details of relevant treatment to be documented here [as per protocol – Quantity, Drug, Dose, Duration]	What ‘common condition’ was discussed in the consultation?



Appendix 2: Suggested Prescription Template

Pharmacy Details

Pharmacy Name

Pharmacy Address

Contact Number

Date of Prescription

Patient Details

Patient Name

Patient Address

Medication Details

[Name, Dose, Frequency, Duration, Quantity,

Dispensing Information, Instructions for use,

Special Instructions (if applicable)]

Prescriber Details

Name of pharmacist issuing prescription,

Pharmacy Contract Number,

Professional Registration Number