

STANDARD OPERATING PROCEDURE — COMMUNITY PHARMACY

# Provision of the Common Conditions Service

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SOP REFERENCE [Pharmacy Name]-CCS-001	VERSION 1.0	EFFECTIVE DATE [Date]
REVIEW DATE [Date + 12 months]	PREPARED BY [Name]	APPROVED BY [Superintendent Pharmacist]

⚠ This is a template SOP. Review, tailor to your pharmacy, and approve before use. Always verify current PSI and legislative requirements at [psi.ie](https://psi.ie) before finalising.

## REGULATORY BASIS

- › Regulation of Retail Pharmacy Businesses (Amendment) Regulations 2025 (S.I. No. 503/2025)
- › Medicinal Products (Prescription and Control of Supply) (Amendment)(No.3) Regulations 2025 (S.I. No. 502/2025) — pharmacist prescribing framework
- › Medicinal Products (Prescription and Control of Supply) (Amendment)(No.4) Regulations 2025 (S.I. No. 625/2025) — Schedule 13 medicinal products list
- › Medicinal Products (Control of Placing on the Market) (Amendment) Regulations 2025 (S.I. No. 504/2025) — pharmacist as practitioner
- › PSI (Education and Training required to prescribe medicinal products in accordance with a CCS) Rules 2025 (S.I. No. 507/2025)
- › PSI Guidelines to Support the Provision of a Common Conditions Service, Version 2, December 2025
- › HSE Clinical Protocols for the Eight Common Conditions (current versions at [hse.ie](https://hse.ie))
- › HSE Operational Guidance for Pharmacists and Pharmacies Delivering the CCS
- › Pharmacy Act 2007 — sections 26–29 (supervision and sale/supply requirements)
- › Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488/2008) as amended

## 1. Purpose

This SOP describes the procedures for the safe and effective delivery of the Common Conditions Service (CCS) at [Pharmacy Name]. It ensures compliance with the Regulation of Retail Pharmacy Businesses (Amendment) Regulations 2025, the Medicinal Products (Prescription and Control of Supply) (Amendment)

(No.3) Regulations 2025, PSI Guidelines to Support the Provision of a Common Conditions Service (Version 2, December 2025), and the HSE Clinical Protocols approved by the Minister for Health.

This SOP supports the seven guiding principles set out in the PSI Guidelines and is intended to be read alongside those guidelines, the relevant HSE Clinical Protocols, and the HSE Operational Guidance for Pharmacists and Pharmacies Delivering the CCS.

## 2. Scope

This SOP applies to all registered pharmacists at [Pharmacy Name] who have completed the mandatory IIOOP training for the Common Conditions Service. It also applies to pharmacy technicians and healthcare assistants involved in supporting service delivery, patient triage, and record keeping.

Locum pharmacists may provide the CCS at this pharmacy provided they have completed the mandatory PSI-specified training and can produce a record of their training upon request. Their participation in the CCS is subject to agreement with the Superintendent Pharmacist in advance of the shift.

## 3. Conditions Covered

The CCS covers the following eight conditions, each with a corresponding HSE Clinical Protocol approved by the Minister for Health. Pharmacists must consult the current version of the relevant HSE Clinical Protocol for each condition, available at [hse.ie](https://www.hse.ie).

✓ Allergic Rhinitis and Allergic Conjunctivitis (age 2+)

✓ Acute Infective Conjunctivitis (age 6 months+)

✓ Cold Sores

✓ Impetigo

✓ Oral Thrush

✓ Shingles

✓ Uncomplicated Lower Urinary Tract Infection / Cystitis (women)

✓ Vulvovaginal Thrush

### ⚠ SOURCE JUSTIFICATION

**LAW:** Medicinal Products (Prescription and Control of Supply) (Amendment)(No.3) Regulations 2025 (S.I. No. 502/2025), Regulation 5C — defines the CCS and the eight conditions for which pharmacist prescribing is authorised.

**COMMUNITY PHARMACY AGREEMENT 2025:** Partial participation is not permitted. All eight conditions must be provided.

## 4. Prerequisites for Service Delivery

Before providing the CCS, the following must be in place at [Pharmacy Name]:

**REQUIREMENT — TRAINING AND COMPETENCY**

All pharmacists providing the CCS must have completed:

- The Core Regulatory Module (mandatory for all pharmacists).
- The Common Condition Specific Module for each of the eight conditions they intend to provide.

Training is delivered by the Irish Institute of Pharmacy (IIOIP) through the IIOIP Portal. Certificates of completion must be retained and available for PSI inspection upon request. The Superintendent Pharmacist is responsible for maintaining evidence of training for all pharmacists providing the service at this pharmacy.

**▲ SOURCE JUSTIFICATION**

**LAW:** Medicinal Products (Prescription and Control of Supply) (Amendment)(No.3) Regulations 2025, Regulation 5C(1)(b) — mandates completion of PSI-specified training before providing the service.

**LAW:** PSI (Education and Training) Rules 2025 (S.I. No. 507/2025) — sets out the specific training rules.

**PSI GUIDELINES:** Principle 3, Indicator 3.1 — mandatory training must be completed before providing the service; evidence must be available for inspection.

**PSI GUIDELINES:** Principle 2, Indicator 2.1 — the Superintendent Pharmacist must ensure all pharmacists complete mandatory training and that certificates are on file.

**REQUIREMENT — CONSULTATION AREA**

The pharmacy must have a private consultation area that is:

- Fit for purpose and conveniently located.
- Sufficient to allow the patient and pharmacist to interact in a setting that respects patient privacy.
- Wheelchair accessible.

Patients must be facilitated and encouraged to speak privately with the pharmacist about their health and treatment in the consultation area.

**▲ SOURCE JUSTIFICATION**

**LAW:** Regulation of Retail Pharmacy Businesses (Amendment) Regulations 2025 (S.I. No. 503/2025) — sets out governance requirements including consultation area standards.

**PSI GUIDELINES:** Principle 4, Indicator 4.3 — patients must be facilitated to consult privately in the patient consultation area.

**PSI GUIDELINES:** PSI Guidelines on Patient Consultation Areas in Retail Pharmacy Businesses — detailed standards for consultation area design and accessibility.

**REQUIREMENT — ADDITIONAL PREREQUISITES**

- (a)** The pharmacy has notified the HSE of its intention to participate in the CCS in accordance with the Community Pharmacy Agreement 2025.
- (b)** Professional indemnity insurance has been confirmed as adequate and appropriate for CCS delivery. Each pharmacist is responsible for confirming their individual indemnity arrangements with their insurer before providing the service.
- (c)** CCS consultation record forms are available, capturing at minimum the dataset specified in the HSE Operational Guidance.
- (d)** Current versions of all eight HSE Clinical Protocols are accessible to pharmacists.
- (e)** CCS branding and signage comply with the uniform branding requirements set out in the Community Pharmacy Agreement 2025.
- (f)** The consultation fee for the CCS has been confirmed and is displayed clearly for patients prior to the service being provided, in line with PSI transparency requirements.

**▲ SOURCE JUSTIFICATION**

**PSI GUIDELINES:** Principle 2, Indicator 2.5 — all fees must be communicated clearly to the patient before providing the service.

**HSE OPERATIONAL GUIDANCE:** Pharmacies must notify HSE of participation; uniform CCS branding is required under the Community Pharmacy Agreement 2025.

## 5. Procedure

### 5.1 Patient Presentation and Triage

**PROCEDURE — PATIENT PRESENTATION**

When a patient presents with symptoms relating to one of the eight common conditions:

- A pharmacy team member may carry out an initial assessment of presenting symptoms to identify whether a CCS consultation may be appropriate.
- The patient is informed about the CCS, including the consultation fee, before proceeding.
- If the patient wishes to proceed, they are directed to the private consultation area.
- If no CCS-trained pharmacist is available, the patient is offered alternative advice (OTC options, self-care guidance) or advised to visit their GP.
- The CCS must be provided in-person in the pharmacy. Remote consultations are not permitted.

### 5.2 Consultation and Clinical Assessment

**PROCEDURE — CLINICAL CONSULTATION**

- (a)** The pharmacist confirms that the patient's presentation is within service scope and that inclusion and exclusion criteria have been reviewed in accordance with the relevant HSE Clinical Protocol.
- (b)** Informed consent is obtained and documented before proceeding with the clinical assessment.
- (c)** The pharmacist conducts a structured clinical assessment in line with the relevant Clinical Protocol, including patient history, symptom assessment, and identification of any red flags or referral triggers.
- (d)** Based on the assessment, the pharmacist determines the most appropriate course of action: self-care advice only; supply of an OTC medicine; prescribing of a prescription-only medicine (POM); or referral to a GP or emergency services.
- (e)** The pharmacist provides the patient with clear information about their condition, treatment, expected outcomes, safety netting, and when to seek further medical advice.
- (f)** Pharmacists must not prescribe for themselves, family members, members of the pharmacy team, or those with whom they have a close personal relationship, except in emergency situations.

**▲ SOURCE JUSTIFICATION**

**PSI GUIDELINES:** Principle 4, Indicators 4.1–4.7 — structured assessment, informed consent, and patient-centred communication are mandatory requirements.

**PSI GUIDELINES:** Principle 5, Indicator 5.3 — pharmacists must not prescribe for themselves or close associates.

**PSI GUIDELINES:** Principle 1, Indicator 1.3 — the pharmacist takes full responsibility for clinical decisions, including ensuring they are informed by the Clinical Protocols.

**5.3 Prescribing and Dispensing**

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**PROCEDURE — PRESCRIBING AND DISPENSING**

- (a)** Where a POM is prescribed, the pharmacist generates a prescription in accordance with Regulation 7(1) of the Medicinal Products (Prescription and Control of Supply) (Amendment)(No.3) Regulations 2025.
- (b)** The prescription is entered into the prescription register (daily dispensing report / daily audit) as required by the Medicinal Products (Prescription and Control of Supply) Regulations 2003 (as amended).
- (c)** Where the pharmacist is both prescribing and dispensing within the same pharmacy, this must be in the best interest of the patient and reflect the patient's choice. A mental break must be taken between the prescribing and dispensing steps.
- (d)** Antimicrobials must only be prescribed when clinically justified, in accordance with the clinical protocols and the principles of antimicrobial stewardship (see Section 5.5).
- (e)** Patients should be advised to inform their GP and any other relevant healthcare professional of the medicine prescribed as part of the CCS.

**⚠ SOURCE JUSTIFICATION**

**LAW:** Medicinal Products (Prescription and Control of Supply) (Amendment)(No.3) Regulations 2025, Regulation 7(1) — sets out the mandatory elements of a valid CCS prescription.

**PSI GUIDELINES:** Principle 1, Indicator 1.4 — where prescribing and dispensing occur in the same pharmacy, this must be in the best interest of the patient and reflect their choice.

**PSI GUIDELINES:** Principle 5, Indicator 5.2 — antimicrobials must only be prescribed when clinically justified.

**5.4 Record Keeping**

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**REQUIREMENT — CCS CONSULTATION RECORDS**

A CCS Consultation Record must be completed for every patient consultation, regardless of the outcome. The record must capture, at minimum:

- Patient details: name, date of birth, contact phone number, PPSN (if known), Eircode, eligibility status.
- Presenting condition and assessment findings.
- Outcome: self-care only; OTC medicine supplied; POM prescribed; referral.
- Medicines supplied or prescribed (generic name, strength, quantity).
- Safety netting advice given and when to seek further care.
- Patient consent obtained (yes/no) and for information sharing with other healthcare professionals.
- Pharmacist name, PSI registration number, and date.

Where a prescription is generated, it must be retained alongside the consultation record and recorded in the prescription register.

All CCS records must be retained securely in compliance with GDPR and pharmacy records legislation. Records must be readily available for PSI inspection.

**▲ SOURCE JUSTIFICATION**

**LAW:** Medicinal Products (Prescription and Control of Supply) (Amendment)(No.3) Regulations 2025, Regulation 10F — mandatory record-keeping requirements for CCS prescribing decisions.

**PSI GUIDELINES:** Principle 7, Indicators 7.1–7.5 — mandatory requirements for record keeping, prescription records, consent documentation, and referral records.

**LAW:** Data Protection Acts 1988–2018 / GDPR — all CCS records must be retained securely and readily available for PSI inspection.

**HSE OPERATIONAL GUIDANCE:** Minimum dataset for the CCS Consultation Record.

**5.5 Antimicrobial Stewardship**

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**REQUIREMENT — ANTIMICROBIAL STEWARDSHIP**

Antimicrobial resistance is a significant and growing public health threat. Pharmacists providing the CCS have a critical role in supporting good antimicrobial stewardship. The following requirements apply:

- Antimicrobials (including antibiotics, antifungals, and antivirals) must only be prescribed when clinically justified, in accordance with the relevant CCS Clinical Protocol.
- An accurate assessment of the condition must be completed before any antimicrobial is prescribed. Prescribing without adequate clinical justification is not appropriate.
- Pharmacists must be alert to inappropriate requests for antimicrobials and must apply professional judgement to ensure prescribing is responsible and evidence-based.
- The formulary for each condition, as set out in the relevant HSE Clinical Protocol, specifies the antimicrobial products (if any) that may be prescribed. Pharmacists must not prescribe outside these formularies.
- Patients prescribed antimicrobials must be counselled on the importance of completing the course as directed, the risks of antimicrobial resistance, and when to return if symptoms do not improve or worsen.
- Where antimicrobial prescribing is not indicated, the patient must be supported through appropriate self-care and safety netting advice or referred to their GP.

**▲ SOURCE JUSTIFICATION**

**PSI GUIDELINES:** Principle 5, Indicator 5.2 — antimicrobials must only be prescribed when clinically justified, in accordance with the clinical protocols and the principles of antimicrobial stewardship.

**PSI GUIDELINES:** Principle 3, Indicator 3.4 — pharmacists must engage in ongoing CPD, particularly in response to updated guidelines including those relating to antimicrobial stewardship.

**HSE:** HSE AMRIC Antimicrobial Stewardship Guidance for all Healthcare Settings — applicable to CCS prescribing decisions.

## 6. PSI Guiding Principles

The PSI Guidelines to Support the Provision of a Common Conditions Service (Version 2, December 2025) set out seven guiding principles that must underpin service delivery. This SOP is designed to give effect to these principles. Every pharmacist providing the CCS at [Pharmacy Name] must be familiar with and apply all seven principles.

### 1 Person-Centred Care and Clinical Responsibility

The pharmacist provides safe, appropriate, evidence-based care that recognises the patient's individual needs and preferences. Clinical decisions must be made in the patient's best interest and must not be influenced by commercial interests or external pressure. The patient must have the option to choose where their prescription is dispensed.

## 2 Governance, Quality, and Regulatory Compliance

Those in governance roles must establish and maintain robust governance structures including SOPs, evidence of mandatory training, adequate staffing, a designated private consultation area, and required documentation. A structured quality assurance system must be in place, including mechanisms for clinical audit, patient feedback review, and ongoing service improvement. Targets or incentives that could adversely influence patient care decisions must not be in place.

## 3 Competence, Training, and Continuing Professional Development

Pharmacists must complete all mandatory IOP training before providing the CCS and must provide the service in accordance with the PSI Code of Conduct, relevant legislation, and current clinical protocols. Pharmacists must engage in ongoing CPD to maintain up-to-date clinical knowledge, particularly in response to updated clinical protocols and antimicrobial stewardship guidance.

## 4 Structured Patient Assessment, Communication, and Informed Clinical Judgement

Pharmacists must adopt a consistent and systematic approach to patient assessment. Informed consent must be obtained before any assessment, treatment, or information sharing. Communication with patients must be clear, respectful, and patient-centred. Where treatment is not indicated, the patient must be supported through appropriate referral pathways or provided with self-care and safety netting advice.

## 5 Safe Prescribing and Use of Protocols

Pharmacists must only provide the CCS, including prescribing, following successful completion of mandatory training and in accordance with legislation and current clinical protocols. Antimicrobials must only be prescribed when clinically justified, in line with antimicrobial stewardship principles. Pharmacists must not prescribe for themselves, family members, or those with whom they have a close personal relationship except in emergency situations.

## 6 Collaboration and Continuity of Care

Pharmacists must obtain informed patient consent before sharing information with other healthcare professionals. Communication with other healthcare professionals should be clear, timely, and appropriately documented. Patients must be empowered to inform their own healthcare providers of any medicines prescribed as part of the CCS.

## 7 Documentation and Record-Keeping

Pharmacists must maintain accurate, clear, and up-to-date records for every CCS consultation. Where a prescription is issued, it must be recorded in the prescription register including the date, the pharmacist's name and registration number, and prescription details. Patient consent for treatment and information sharing must be clearly recorded. Records must be retained securely in compliance with data protection legislation and must be readily available for PSI inspection.

### ⚠ SOURCE JUSTIFICATION — ALL SEVEN PRINCIPLES

**PSI GUIDELINES:** PSI Guidelines to Support the Provision of a Common Conditions Service, Version 2, December 2025, Section 5 — the seven guiding principles and their indicators are set out in full. Indicators marked "you must" denote mandatory duties in legislation or PSI guidance.

## 7. Governance and Oversight

- The Superintendent Pharmacist is responsible for ensuring that all pharmacists providing the CCS at this pharmacy have completed the mandatory training and that certificates are retained and available for inspection.
- The Superintendent Pharmacist must ensure adequate staffing levels to fulfil all clinical, operational, and supervisory requirements during the provision of the CCS. The dispensing supervision requirements of the Pharmacy Act 2007 and SI 488/2008 continue to apply during CCS consultations.
- A quality assurance system must be in place, including mechanisms for clinical audit, review of patient feedback, and regular service evaluation.
- Targets or incentives that could adversely influence clinical decisions on patient care must not be in place.
- Locum pharmacists may provide the CCS at this pharmacy provided they have completed the mandatory training and can produce their certificate of completion upon request.
- This SOP is reviewed at least annually, or sooner if there are changes to legislation, clinical protocols, or PSI guidance.

### ⚠ SOURCE JUSTIFICATION

**PSI GUIDELINES:** Principle 2, Indicators 2.1–2.3 — governance responsibilities of the Superintendent Pharmacist including staffing, training evidence, quality assurance, and prohibition on perverse incentives.

**LAW:** Pharmacy Act 2007 s.29 and Regulation of Retail Pharmacy Businesses Regulations 2008, Regulation 5(1)(d) — the sale and supply of all medicinal products must be carried out by or under the personal supervision of a registered pharmacist.

## 8. Regulatory References

SOURCE	RELEVANCE TO THIS SOP
Regulation of Retail Pharmacy Businesses (Amendment) Regulations 2025 (S.I. No. 503/2025)	Governance requirements for CCS delivery including consultation area and operational requirements.
Medicinal Products (Prescription and Control of Supply) (Amendment)(No.3) Regulations 2025 (S.I. No. 502/2025)	Legal framework for pharmacist prescribing under the CCS; defines the service and mandatory training requirement.
Medicinal Products (Prescription and Control of Supply) (Amendment)(No.4) Regulations 2025 (S.I. No. 625/2025)	Schedule 13 — lists the medicinal products which may be prescribed by pharmacists under the CCS.
Medicinal Products (Control of Placing on the Market) (Amendment) Regulations 2025 (S.I. No. 504/2025)	Adds "pharmacist" to the definition of "practitioner", providing the legal basis for pharmacist prescribing.
PSI (Education and Training required to prescribe medicinal products in accordance with a CCS) Rules 2025 (S.I. No. 507/2025)	Sets out the specific training rules pharmacists must satisfy before providing the CCS.
PSI Guidelines to Support the Provision of a Common Conditions Service, Version 2, December 2025	Primary PSI guidance document; sets out seven guiding principles and mandatory indicators for CCS delivery.
HSE Clinical Protocols for the Eight Common Conditions (current versions at hse.ie)	Clinical protocols developed by the HSE and approved by the Minister for Health; must be followed for each condition.
HSE Operational Guidance for Pharmacists and Pharmacies Delivering the CCS	Operational detail on participation, record keeping, prescriptions, reimbursement, and branding requirements.
Pharmacy Act 2007 (sections 26–29)	Supervision requirements; sale and supply of medicines must be under the personal supervision of a registered pharmacist.
Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488/2008) as amended	Governing regulations for retail pharmacy businesses including counselling and medicines therapy review requirements.
Medicinal Products (Prescription and Control of Supply) Regulations 2003 (as amended)	Prescription register (daily dispensing report) requirements; applies to all prescriptions including CCS.
Community Pharmacy Agreement 2025	Sets out the terms for participation in the CCS, including HSE notification requirement and uniform branding.
Data Protection Acts 1988–2018 / GDPR	All CCS records must be retained securely in compliance with data protection legislation.

HSE AMRIC Antimicrobial Stewardship  
Guidance

Applicable to all antimicrobial prescribing decisions made  
under the CCS.

## 9. Version History

VERSION	DATE	AUTHOR	CHANGES
1.0	[Date]	[Name]	Initial version — includes Section 5.5 Antimicrobial Stewardship and Section 6 PSI Guiding Principles

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