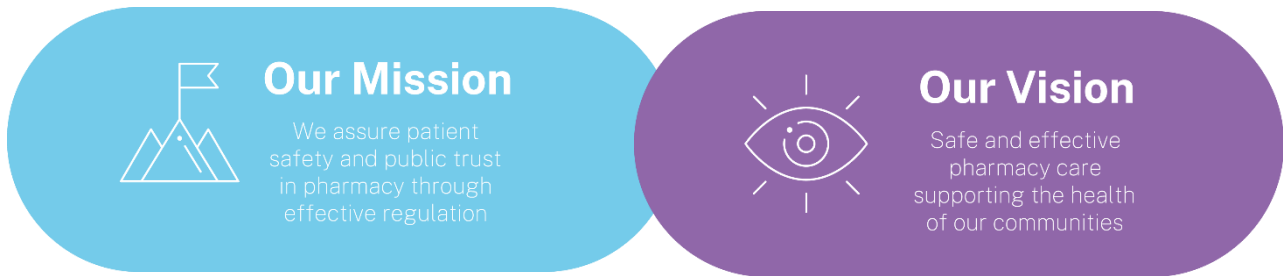




Report on PSI's Public Consultation on draft Rules and draft Guidelines for the Common Conditions and Contraception Services

About PSI – the pharmacy regulator

The Pharmaceutical Society of Ireland (PSI) – The Pharmacy Regulator, is the statutory body responsible for regulating pharmacists and pharmacies in the public interest. The PSI regulates over 7,700 pharmacists, over 150 pharmaceutical assistants and over 1,900 pharmacies.



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Contents

1. Introduction	2
1.1 Purpose of this report	2
1.2 About the public consultation	2
2. Consultation feedback received	1
2.1 Who we heard from.....	1
2.2 Consultation responses.....	3
2.3 Pharmacist panel feedback.....	11
3. Discussion.....	12
3.1 Feedback related to the draft guidelines.....	12
3.2 Feedback related to the draft rules	14
3.3 Wider issues raised by respondents	17
4. Conclusion.....	19

1. Introduction

1.1 Purpose of this report

This report summarises feedback received during our public consultation on draft education and training rules and draft guidelines to support pharmacists to deliver the Common Conditions and Contraception services, which ran from 11 July to 8 August 2025.

The Common Conditions Service will enable pharmacists to prescribe for eight common conditions. An additional service, which is being introduced at the same time, will enable pharmacists to continue prescriptions for contraception, where it is safe and appropriate.

Further information on the consultation including analysis and findings of feedback received is outlined in this report.

1.2 About the public consultation

We ran a public consultation on the draft rules and draft guidelines needed to implement the Common Conditions and Continuation of Prescriptions for Contraception services.

The consultation sought feedback from a range of stakeholders on:

- draft PSI Guidelines to Support the Provision of a Common Conditions Service and Continuation of Prescriptions for Contraception.
- draft education and training rules to underpin the education and training for pharmacists as part of the delivery of these new services.

1.2.1 Background to this consultation

Common Conditions Service

A Common Conditions Service (CCS) is being developed which will enable community pharmacists to provide advice and offer treatment for an initial eight common conditions in community pharmacies.

Pharmacists already provide advice, over-the-counter treatment and/or referral for these conditions. The service will expand community pharmacists' ability to manage these common conditions for patients by enabling them to supply certain prescription-only medicines in line with established clinical protocols, where this is the most appropriate option.

The Common Conditions Service is being developed in response to one of the recommendations of the [Expert Taskforce to support the expansion of the role of pharmacy](#). The Taskforce was asked to consider how pharmacists could expand upon their present scope of practice for the benefit of patients, the public and the wider healthcare system.

The Taskforce recommended that pharmacists be enabled to prescribe for a range of common conditions, starting with an initial list of eight conditions which can be extended over time as the service evolves.

Contraception Service

A Contraception Service is also being introduced at the same time. This will allow contraceptive prescribing by pharmacists, enabling them to continue a prescription for short-acting reversible contraception (beyond 12 months).

Implementation of the new services

The Common Conditions Service has been developed by the Department of Health with input from other key stakeholders, who are all members of the Community Pharmacy Expansion Implementation Oversight Group (IOG). The IOG was set up by the Minister for Health to implement the Common Conditions Service.

The PSI is a key stakeholder on the Implementation Oversight Group, as well as the HSE, the Health Products Regulatory Authority, Irish Pharmacy Union, patient representatives and practicing pharmacists.

The PSI's role on the group, as the pharmacy regulator, is to ensure that pharmacists have the necessary training and other regulatory supports to deliver a safe and effective common conditions service for patients and the public.

The IOG is chaired by the Department of Health. Further information on the IOG is available on the [website of the Department of Health](#), including meeting agendas and minutes.

A number of supports are being developed to support pharmacists in delivering the services:

- Clinical protocols which are being developed by the HSE and will be approved by the Minister for Health.
- Training which is being developed by the Irish Institute of Pharmacy (IIOOP) and overseen by PSI.
- Guidelines from the PSI to support the service and other regulatory tools such as FAQs.

PSI Guidelines to support the Common Conditions and Contraception Services

These Guidelines provide a principles-based framework to support pharmacists in providing safe, patient-centred services and to support compliance with pharmacists' legislative obligations. The guidelines will be issued under Regulation 14 of the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. 488 of 2008) as amended. The Guidelines will be used by pharmacists when delivering these new services in conjunction with clinical protocols developed by the HSE and relevant legislation. The services will operate under the governance of a community pharmacy.

Draft Education and Training Rules to support training for pharmacists for the two services

An approach to education and training for pharmacists to prescribe for both services has been approved by the IOG and informed by international comparator research conducted by PSI, as well as clinical advice from the IOG multi-disciplinary clinical sub-group established by the Chief Medical Officer and HSE Chief Clinical Officer.

The approved approach will involve self-directed online CPD modules, which will be mandatory for all pharmacists who intend to deliver the service, and these will consist of a core regulatory module providing information on the legal and ethical framework underpinning the services, a specific module for each condition and a continuation of contraception training module. The modules will be provided through the Irish Institute of Pharmacy, alongside other training for pharmacists.

Pharmacists will also be required to adhere to additional specific requirements detailed in pharmacy and medicines legislation and PSI guidelines. Further information on the training approach and the two services [can be found on our website](#).

At its meeting of 26 June 2025, the PSI Council approved both the draft guidelines and the draft rules for public consultation.

1.2.2 How we gathered feedback during the consultation period

The public consultation was open from 11 July to 8 August and we gathered feedback in two ways:

- We sought feedback from a wide range of stakeholders who could respond through an online survey, by email or by post.
- We also held an online workshop with members of our PSI Pharmacist Panel.

We promoted our consultation in several ways with the aim of getting a diverse range of views, including pharmacists, the public, other healthcare professionals and stakeholders:

- We highlighted the consultation in our summer newsletter on 11 July. The PSI newsletter is distributed to all PSI registrants (pharmacists, pharmaceutical assistants and pharmacy owners), as well as others who are interested in pharmacy, regulatory and public health updates, who have subscribed to receive our newsletter.
- We sent two reminder emails directly to all registered pharmacists (n=7,752), pharmaceutical assistants (n=158) and community pharmacies (n=1,983) on 22 July and on 1 August.
- A targeted email to stakeholder organisations was also sent on 14 July including the HSE, organisations that advocate for or represent patients or the public, organisations responsible for the education and training of pharmacists, representative groups for community pharmacies and hospital pharmacists and other health and social care regulators. A follow-up reminder was sent on 1 August. We requested also that the HPRA provide information to its Patient Forum about the consultation and so that they could share the details with their networks.
- The Department of Health facilitated the dissemination of the consultation to the Community Pharmacy Expansion Implementation Oversight Group (IOG) and its subgroups, which are Chaired by the Department of Health and include organisations responsible for implementing both services as well as practicing pharmacists and patient advocates as well as to members of the Expert Taskforce to support the expansion of the role of pharmacy, which made the initial recommendation for a Common Conditions Service.
- At the IOG meeting of 22 July, we also asked all IOG members to share the consultation across their networks.
- Extensive information was made available on the PSI website to support understanding of the consultation and wider context. We also shared information on the consultation on our social media channels throughout the consultation period along with a short video. At our request, the Department of Health shared our consultation posts on LinkedIn and X with a view to reaching a wider audience.

2. Consultation feedback received

2.1 Who we heard from

We received 132 useable responses to our online survey (133 responses in total) and an additional five consultation responses via email. Email responses have been analysed separately in section 2.2.3. The term 'respondents' which is used below includes both individuals and organisations.

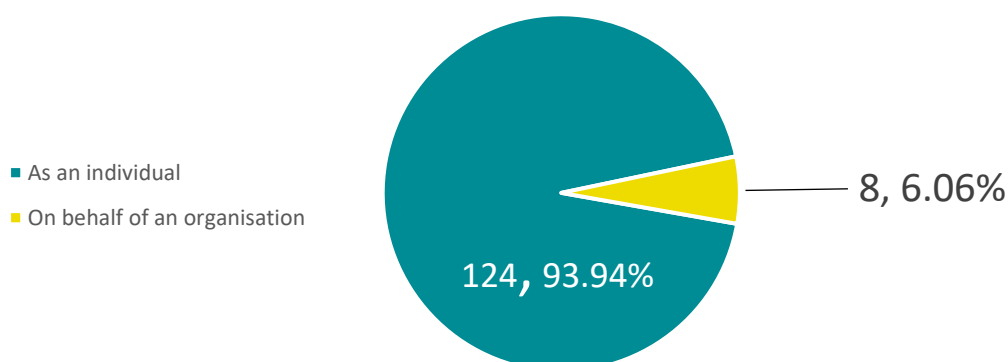
Questions 1-4

At the beginning of the consultation survey, we first explained our data protection policy to respondents (n=133) and asked if they were happy to continue with the survey. One respondent disagreed and subsequently exited the survey.

We next asked respondents to tell us if they were responding as an individual or on behalf of an organisation. 93.94% of respondents told us they were responding as individuals (n=124).

Are you responding as an individual or on behalf of an organisation? (n=132)

Are you responding as an individual or on behalf of an organisation?

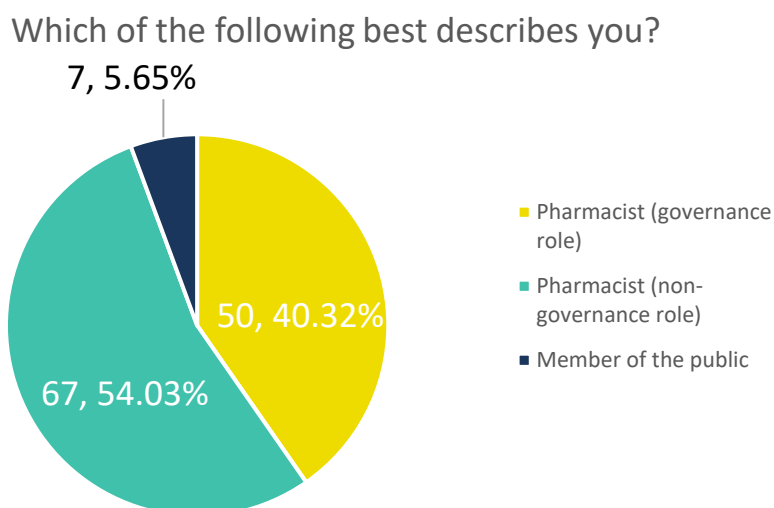


Question 2: Are you responding as an individual or on behalf of an organisation?	Number of respondents	%
As an individual	124	93.94%
On behalf of an organisation	8	6.06%
Total	132	100%

We then asked those who were responding as individuals to tell us whether they were a pharmacist, a pharmacy owner, a patient or member of the public, or fell under some other category such as another healthcare professional or pharmacy student.

- 54.03% of individuals who responded (67) were **registered pharmacists in a non-governance role**.
- 40.23% of individuals who responded (50) were **registered pharmacists in a governance role** (*Superintendent and/or supervising pharmacist and/or pharmacy owner*),
- 5.65% of respondents (7) were **patients or members of the public**.

Which of the following best describes you? (n=124)



Which of the following best describes you? (n=124)	Number of respondents	%
Member of the public or a patient	7	5.65
Registered pharmacist (non-governance role)	67	54.03
Registered pharmacist in a governance role (<i>Superintendent and/or supervising pharmacist and/or pharmacy owner</i>)	50	40.32
Registered pharmaceutical assistant	0	0
Pharmacy owner (non-pharmacist)	0	0
Pharmacy student	0	0
Other healthcare professional	0	0
Other	0	0
Total	124	100

We also received eight responses from organisations (6.06% of total respondents), a list of whom is provided in the table below.

What organisation are you responding on behalf of? (n=8)	Number of respondents
Health Service Executive, Antimicrobial Resistance and Infection Control (AMRIC) Team	1
The Health Information and Quality Authority (HIQA)	1
Irish Pharmacy Union (IPU)	1
One anonymous response on behalf of two pharmacies	1
Three separate responses from three branches of a large pharmacy chain	3
One response from a named independent pharmacy	1
Total number of responses from organisations via the survey	8

2.2 Consultation responses

2.2.1 Survey feedback on the draft guidelines

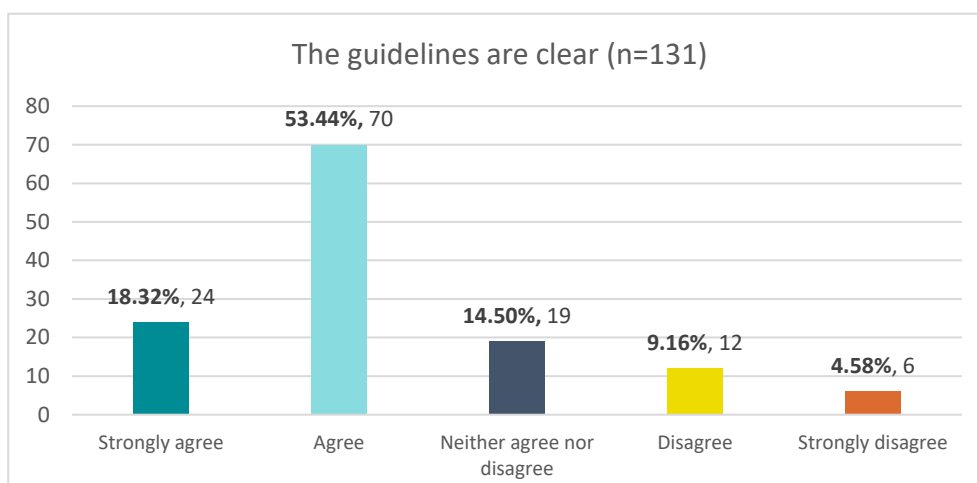
Question 4: Please indicate your agreement with the following statements.

Respondents were asked to indicate their agreement with four statements relating to the draft Guidelines. None of the questions were mandatory. A high level of agreement can be seen across all four statements, with the majority of responses indicating agreement or strong agreement.

Statement 1: The Guidelines are clear.

Of the 132 individuals and organisations that responded to the consultation survey, 131 answered this question. Of these:

- 94 (71.76%) agreed or strongly agreed.
- 18 (13.74%) disagreed or strongly disagreed.
- 19 (14.50%) neither agreed nor disagreed.

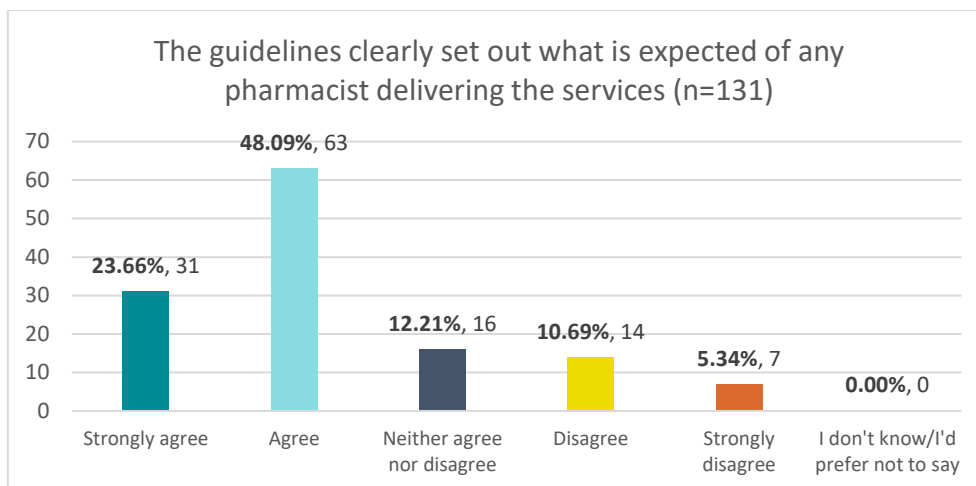


The guidelines are clear (n=131)	Number of respondents	%
Strongly agree	24	18.32
Agree	70	53.44
Neither agree nor disagree	19	14.50
Disagree	12	9.16
Strongly disagree	6	4.58
I'd prefer not to say/I don't know	0	0.00
Total	131	100.00

Statement 2: The Guidelines clearly set out what is expected of any pharmacist delivering the services

Of the 132 individuals and organisations that responded to the consultation survey, 131 answered this question. Of these:

- 94 (71.76%) agreed or strongly agreed.
- 21 (16.03%) disagreed or strongly disagreed.
- 16 (12.21%) neither agreed nor disagreed.

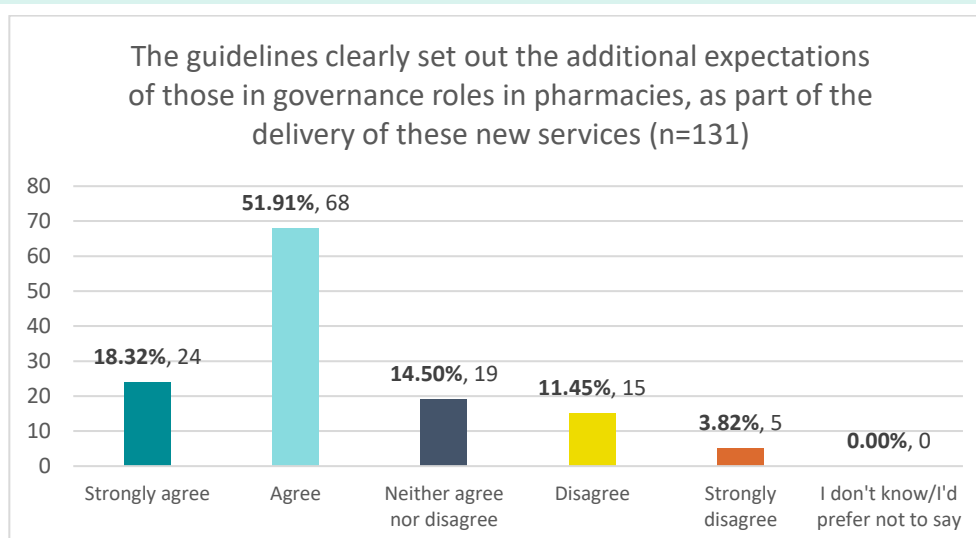


The guidelines clearly set out what is expected of any pharmacist delivering the services (n=131)	Number of respondents	%
Strongly agree	31	23.66
Agree	63	48.09
Neither agree nor disagree	16	12.21
Disagree	14	10.69
Strongly disagree	7	5.34
I'd prefer not to say/I don't know	0	0.00
Total	131	100.00

Statement 3: The Guidelines clearly set out the additional expectations of those in governance roles in pharmacies, as part of the delivery of these new services

Of the 132 individuals and organisations that responded to the consultation survey, 131 answered this question. Of these:

- 92 (70.23%) agreed or strongly agreed.
- 20 (15.27%) disagreed or strongly disagreed.
- 19 (14.50%) neither agreed nor disagreed.

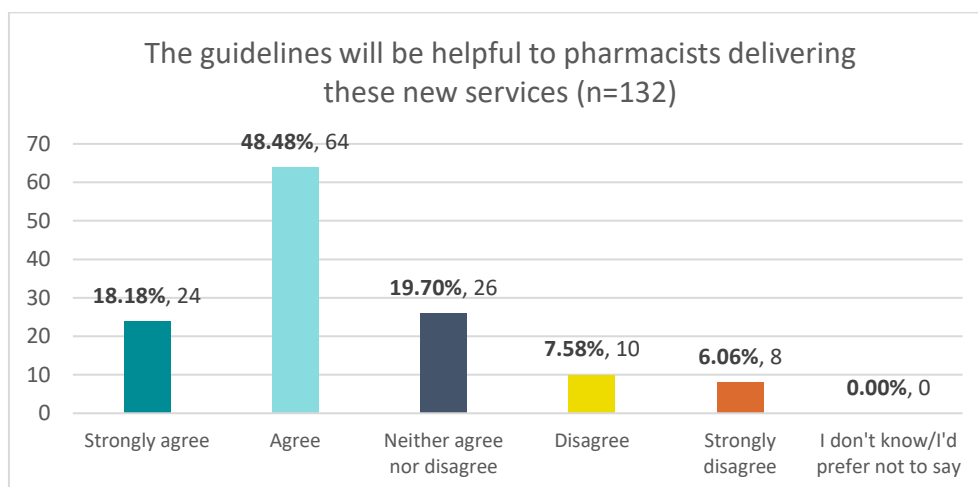


The guidelines clearly set out the additional expectations of those in governance roles in pharmacies (<i>superintendent pharmacist/ supervising pharmacist / pharmacy owner</i>) as part of the delivery of these new services (n=131)	Number of respondents	%
Strongly agree	24	18.32
Agree	68	51.91
Neither agree nor disagree	19	14.50
Disagree	15	11.45
Strongly disagree	5	3.82
I'd prefer not to say/I don't know	0	0.00
Total	131	100.00

Statement 4: The Guidelines will be helpful to pharmacists delivering these new services

Of the 132 individuals and organisations that responded to the consultation survey, 132 answered this question. Of these:

- 88 (66.67%) agreed or strongly agreed.
- 18 (13.64%) disagreed or strongly disagreed.
- 26 (19.70%) neither agreed nor disagreed.



The guidelines will be helpful to pharmacists delivering these new services (n=132)	Number of respondents	%
Strongly agree	24	18.18
Agree	64	48.48
Neither agree nor disagree	26	19.70
Disagree	10	7.58
Strongly disagree	8	6.06
I'd prefer not to say/I don't know	0	0.00
Total	132	100.00

Question 5: If you have any specific feedback on the Guidelines, please provide this in the box below.

Respondents were next asked if they had any specific feedback on the guidelines. **34.09% (n=45)** of respondents answered this question.

A coding framework has been used to identify themes across all open-ended responses to the consultation, developed based on what emerged from the data. A full list of themes from across the consultation can be found in Appendix A.

The table below lists which of these overall themes appeared in question five and the number of respondents whose comments contained these themes, from highest to lowest.

Survey Themes- Question 5 - If you have any specific feedback on the Guidelines, please provide this in the box below (45 of 132 survey respondents provided comments to this question, 34.09%).	No of respondents
The draft Guidelines, or aspects of the draft Guidelines, are unclear and/or not specific enough.	15 of 45
More information needed on aspects of the services including timelines, training, conditions, medicines, format of prescriptions & funding model.	14 of 45
Concerns that single-cover pharmacist staffing levels would be unsafe for the new services given need to supervise dispensing and/or existing workload.	12 of 45
Patient safety concerns or perceived risks in providing the service.	5 of 45
The draft Guidelines should be shorter/more concise, and/or less prescriptive.	4 of 45
Potential challenges where a medicine prescribed under the service is dispensed in another pharmacy.	4 of 45
Concerns that it could be challenging for pharmacies to verify that pharmacists are trained, particularly locum pharmacists.	3 of 45
Need for clear communication with the public about the services.	3 of 45
Other suggestions for the services.	3 of 45
Training requirements should be strengthened.	2 of 45
There should be consultation/professional fees for consultations as part of the service and /or the service should be funded.	2 of 45
Need for a clear or uncomplicated implementation and/or well-timed roll-out of the services.	2 of 45
Positive sentiment about the new services or pharmacists in general.	2 of 45
General negative sentiment about PSI or regulation.	2 of 45
Specific feedback from subject matter experts.	1 of 45
Cannot comment on the guidelines and/or rules and/or the proportionality of the rules without more information.	1 of 45
Training requirements and/or repeat training requirements should be reduced.	1 of 45
Concerns relating to interprofessional collaboration and/or whether there would be backing from general practice colleagues.	1 of 45

2.2.2 Survey feedback on the draft rules

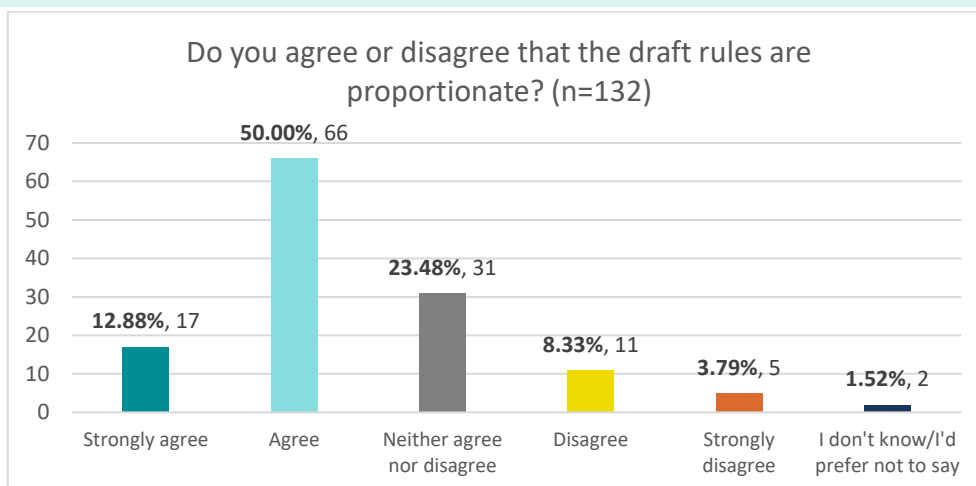
The next section of the survey asked respondents for their opinion on the draft Rules. None of the questions in this section were mandatory.

Question 6: Do you agree or disagree that the draft rules are proportionate?

The PSI is [required](#) to carry out a proportionality assessment when making new rules or amending existing rules. Respondents were asked if they agreed or disagreed that the draft rules are proportionate.

Of the 132 individuals and organisations that responded to the consultation survey, 132 answered this question. Of these:

- 83 (62.88%) agreed or strongly agreed.
- 16 (12.12%) disagreed or strongly disagreed.
- 31 (23.48%) neither agreed nor disagreed.



Do you agree or disagree that the draft rules are proportionate?	Number of respondents	%
Strongly agree	17	12.88
Agree	66	50.00
Neither agree nor disagree	31	23.48
Disagree	11	8.33
Strongly disagree	5	3.79
I'd prefer not to say/I don't know	2	1.52
Total	132	100.00

Question 7: Please outline why you agree or disagree that the draft rules are proportionate.

32.58% (n=43) respondents answered this question. The table below lists which overall consultation themes appeared in question seven and the number of respondents whose comments contained these themes, from highest to lowest. All comments are available on request.

Survey Themes- Question 7 - Please outline why you agree or disagree that the draft rules are proportionate (43 of 132 provided comments to this question, 32.58%).	No of respondents
The draft Rules are proportionate.	13 of 43
The draft Rules are clear/straightforward.	6 of 43
The draft Rules are excessive or disproportionate.	4 of 43
Training requirements should be strengthened.	4 of 43
Concerns that single-cover pharmacist staffing levels would be unsafe for the new services given need to supervise dispensing and/or existing workload.	3 of 43
Other suggestions for the services.	3 of 43
Cannot comment on the guidelines and/or rules and/or the proportionality of the rules without more information.	2 of 43
The draft Rules are not clear and/or do not provide enough detail.	2 of 43
Training requirements and/or repeat training requirements should be reduced.	2 of 43
Positive sentiment about the new services or pharmacists in general.	2 of 43
More information needed on aspects of the services including timelines, training, conditions, medicines, format of prescriptions & funding model.	2 of 43
Patient safety concerns or perceived risks in providing the service.	2 of 43
Section 4 of the draft Rules is unclear.	1 of 43
Suggested alternatives to IOP delivered training modules.	1 of 43
Need for a clear or uncomplicated implementation and/or well-timed roll-out of the services.	1 of 43
There should be consultation/professional fees for consultations as part of the service and /or the service should be funded.	1 of 43
Concerns relating to interprofessional collaboration and/or whether there would be backing from general practice colleagues.	1 of 43

Question 8: Please provide any comments you have on the draft text of the rules.

13.64% (n=18) of respondents answered this question. The table below lists which overall themes appeared in question eight and the number of respondents whose comments contained these themes, from highest to lowest.

Survey Themes – Question 8 - Please provide any comments you have on the draft text of the rules (18 of 132 provided comments to this question, 13.64%).	No of Respondents
Patient safety concerns or perceived risks in providing the service.	4 of 18
The draft Rules are clear/straightforward.	3 of 18
Concerns that single-cover pharmacist staffing levels would be unsafe for the new services given need to supervise dispensing and/or existing workload.	3 of 18
Section 4 of the draft Rules is unclear.	2 of 18
Suggested alternatives to IOP - delivered training modules.	2 of 18
There should be consultation/professional fees for consultations as part of the service and /or the service should be funded.	2 of 18
General negative sentiment about PSI or regulation.	2 of 18
The draft Guidelines, or aspects of the draft Guidelines, are unclear and/or not specific enough.	1 of 18
The draft Rules are proportionate.	1 of 18
More information needed on aspects of the services, including timelines, training, conditions, medicines, format of prescriptions & funding model.	1 of 18
Training requirements and/or repeat training requirements should be reduced.	1 of 18

Positive sentiment about the new services or pharmacists in general.	1 of 18
Other suggestions for the services.	1 of 18

Question 9: Do you have any other comments on the draft guidelines or draft rules?

20.45% (n=27) of respondents answered this question. The table below lists the themes that appeared in question nine, and the number of respondents whose comments contained these themes, from highest to lowest.

Survey Themes - Question 9 - Do you have any other comments on the draft guidelines or draft rules? (27 of 132 provided comments to this question, 20.45%).	Number of Respondents
Positive sentiment about the new services or pharmacists in general.	5 of 27
General negative sentiment about PSI or regulation.	5 of 27
Concerns that single-cover pharmacist staffing levels would be unsafe for the new services given need to supervise dispensing and/or existing workload.	5 of 27
The draft Guidelines, or aspects of the draft Guidelines, are unclear and/or not specific enough.	3 of 27
More information needed on aspects of the services, including timelines, training, conditions, medicines, format of prescriptions & funding model.	3 of 27
Patient safety concerns or perceived risks in providing the service.	3 of 27
There should be consultation/professional fees for consultations as part of the service and /or the service should be funded.	3 of 27
Concerns that there would be a potential financial conflict or pressure on pharmacists from their employer to prescribe.	2 of 27
Need for a clear or uncomplicated implementation and/or well-timed roll-out of the services.	2 of 27
The draft Guidelines should be shorter/more concise, and/or less prescriptive.	1 of 27
Specific feedback from subject matter experts.	1 of 27
The draft Rules are proportionate.	1 of 27
Training requirements should be strengthened.	1 of 27
Concerns relating to interprofessional collaboration and/or whether there would be backing from general practice colleagues.	1 of 27

2.2.3 Email feedback on the draft guidelines and draft rules

As outlined previously, five additional responses to the consultation were received by email, as follows:

Respondents via email	Number of respondents
Named individual pharmacist	2
Named large pharmacy chain	1
The Irish Institute of Pharmacy (IIOP)	1
School of Pharmacy and Biomolecular Sciences at RCSI	1
Total number of responses via email	5

Supplementary information was also received from the Irish Pharmacy Union (IPU) via email, as part of their response to the survey. For the purpose of analysis, this has been included as part of the survey responses in 2.2.1 and 2.2.2 above.

Email responses were also thematically analysed using the same coding framework as for the survey. The table below lists the overall consultation themes that appeared in email responses and the number of respondents whose comments contained these themes, from highest to lowest.

Themes - email responses (n=5)	No Respondents
Positive sentiment welcoming the service or highlighting benefits for patients, or pharmacist expertise.	4 of 5
More information needed on aspect(s) of the services, including timelines, training, conditions, medicines, format of the prescription & funding model.	4 of 5
The draft Guidelines, or aspects of the draft Guidelines, are unclear and/or not specific enough.	3 of 5
Specific feedback from subject matter experts	2 of 5
The draft Guidelines should be shorter/more concise, and/or less prescriptive.	1 of 5
The draft Rules are proportionate.	1 of 5
The draft Rules are not clear and/or do not provide enough detail.	1 of 5
Section 4 of the draft Rules is unclear.	1 of 5
There will be challenges for pharmacies in ensuring pharmacists are trained.	1 of 5
Concerns around safe staffing levels and/or adding the services to the existing workload.	1 of 5
Patient safety concerns or risks relating to providing the service.	1 of 5
There should be professional fees for a consultation / funding for the service.	1 of 5
Potential challenges where a medicine prescribed under the service is dispensed in another pharmacy.	1 of 5

2.3 Pharmacist panel feedback

In addition to our online survey, we also held an online evening workshop on 30 July with members of the PSI Pharmacist Panel, to capture further feedback on the draft Guidelines and draft Rules.

The PSI's Pharmacist Panel was established in late 2023, through an expression of interest process, to provide an additional forum for PSI to engage with practising pharmacists across a diversity of roles and practice settings on our regulatory work.

In advance of the workshop, we sent an expression of interest form to all current pharmacist panel members (n=103). We received responses from 27 members of the panel, **18** of whom attended the workshop. The panel members were asked to read and consider the draft Guidelines, draft Rules and briefing materials in advance of the workshop.

Following the workshop, an evaluation survey was sent to all attendees, which provided a further opportunity for workshop attendees to ask questions. Questions raised by the pharmacist panel have been collated along with all other questions raised as part of the consultation and will be used to inform the development of further regulatory supports, such as frequently asked questions (FAQs), and shared with other key stakeholders involved in the development of the new services, as relevant.

Feedback from the panel has been summarised below. We would like to thank the members of the panel for their time and valuable input.

2.3.1 Pharmacist panel feedback on the draft Guidelines

Members of the panel discussed the clarity, language and format of the draft Guidelines. Some members of the panel did not feel the draft Guidelines were clear, while others disagreed and were in favour of the principles-based approach. Panel members discussed the overall length of the draft Guidelines, areas of potential duplication and the use of 'should' and 'must'.

The panel also highlighted areas where they felt the Guidelines could provide greater clarity or guidance for pharmacists, including the length of consultations, staffing for the service and guidance for pharmacists who do not feel comfortable providing both services.

2.3.2 Pharmacist panel feedback on the draft Rules

The Pharmacist Panel also discussed the draft Rules and training approach. Overall, the panel found the Rules to be proportionate and were in favour of the training approach. The panel discussed a number of aspects of the training, including keeping relevant training and skills up to date, the online nature of the training and whether pharmacists would be facilitated to ask questions as part of the training programme, as well as training records and how these would be accessed.

2.3.3 Other wider issues

The Pharmacist Panel also had several questions, viewpoints and suggestions relating to the new services more broadly. Some of the wider issues raised included service continuity and availability in the context of not all pharmacists having undertaken the training, patient needs and expectations of the Common Conditions Service, communication between healthcare professionals, particularly where a patient does not have a general practitioner, funding for the services, separation between the prescribing and dispensing functions as part of the CCS and the suitability of continuation of prescriptions for contraception for community pharmacy.

3. Discussion

3.1 Feedback related to the draft guidelines

In summary, the majority of those who responded to the consultation via the survey:

- agreed or strongly agreed that the Guidelines are clear (**71.76%**, 94 of 132),
- agreed or strongly agreed that the Guidelines clearly set out what is expected of any pharmacist delivering the services (**71.76%**, 94 of 132)
- agreed or strongly agreed that the Guidelines clearly set out the additional expectations of those in governance roles (**70.23%**, 92 of 132), and
- agreed or strongly agreed that the Guidelines will be helpful to pharmacists delivering these new services (**66.67%**, 88 of 132).

As outlined previously, a coding framework has been used to identify themes across all open-ended responses to the consultation survey as well as emails, developed based on what emerged from the data. A full list of themes from across the consultation can be found in Appendix A.

An extract from this list of overall themes that relate more specifically to how the draft Guidelines could be improved can be seen in the table below.

Overall Consultation Themes – Feedback related to the draft Guidelines n=69 (64 survey respondents and 5 email respondents provided at least one comment during the consultation)	Total respondents ¹
Feedback related to the draft Guidelines	
The draft Guidelines, or aspects of the draft Guidelines, are unclear and/or not specific enough.	21 of 69
The draft Guidelines should be shorter/more concise, and/or less prescriptive.	5 of 69
Specific feedback from subject matter experts.	4 of 69
Cannot comment on the guidelines and/or rules and/or the proportionality of the rules without more information.	3 of 69

1. The draft Guidelines, or aspects of the draft Guidelines, are unclear and/or not specific enough.

21 respondents who provided comments as part of the consultation thought that the draft Guidelines could be clearer or more specific. A few of these respondents described the Guidelines as ‘vague’ in general or believed they could be more ‘user-friendly’.

More of these comments, however, focused on particular aspects of the Guidelines that respondents either did not find clear or specific enough, or felt were missing. These aspects included managing follow-up care or recurring symptoms, determining clinical appropriateness and criteria, communication between healthcare professionals, including consent and communication formats, and guidance on what the minimum or appropriate number of staff

¹ Total number of respondents via survey and email whose overall response contained the relevant theme (either once or numerous times).

should be for the service. One respondent requested that the Guidelines include a standardised consultation form that pharmacies could use when providing the service.

Other suggested inclusions from respondents for the Guidelines were guidance on the transfer of prescriptions to another pharmacy for dispensing, guidance on prescribing for oneself or family members, on the formats of consultation that would be appropriate, learning from prescribing errors and guidance on whether a pharmacist could opt out of providing one or both of the services if they wished.

2. The draft Guidelines should be shorter/more concise, and/or less prescriptive

Five respondents stated that the Guidelines should be more concise or less prescriptive. One suggestion mentioned was to separate guidance for the two services. Reducing the length of the Guidelines was also discussed during our Pharmacist Panel workshop.

3. Specific feedback from subject matter experts

As part of the consultation, we received specific feedback from subject matter experts in the areas of antimicrobial stewardship, information governance and training development.

Antimicrobial Stewardship

The Health Service Executive Antimicrobial Resistance and Infection Control (AMRIC) Team works to address challenges facing the health service in dealing with healthcare-associated infection and antimicrobial resistance. As part of the consultation, AMRIC team provided specific feedback on strengthening antimicrobial stewardship in the Guidelines.

Regulatory guidance

The Health Information and Quality Authority (HIQA) regulates health and social care services and, among other things, sets standards for health information. As part of the consultation, HIQA highlighted a number of information standards as relevant, including HIQA's [National Standards for Information Management in Health and Social Care](#), HIQA's [National Standard on information requirements for national community-based ePrescribing](#) and two additional sets of health information standards which are currently under revision – HIQA's National Standard for a Demographic Dataset and National Standard for a Patient Discharge Summary.

In the response provided, HIQA welcome that the draft guidelines acknowledge the importance of accurate and structured record keeping, which is central to the national standards developed by HIQA. In addition, HIQA stated that for health information to flow in and between health and social care systems, it needs to be collected and recorded in a consistent way every time as effective information management enhances decision-making, reduces inefficiencies and ultimately improves the safety and quality of care.

Training development

We also received feedback on the draft Guidelines and draft Rules from the Irish Institute of Pharmacy (IIOP) and the School of Pharmacy and Biomolecular Sciences at RCSI. The IIOP is developing pharmacist training for both services, together with a project team from the School of Pharmacy and Biomolecular Sciences at RCSI, on behalf of the PSI.

The IOP expressed positive sentiment and support for the expansion of a pharmacist's role in delivering these new services, as well as welcoming the development of practice guidelines to support safe and effective service delivery. The IOP also provided specific feedback on the draft rules (see section 3.2 below).

RCSI also expressed positive sentiment about the introduction of community pharmacy prescribing and support for subsequently introducing autonomous prescribing to enable pharmacists in all settings to prescribe for the benefit of patient care. RCSI also provided general and specific considerations on the draft guidelines, as well as on a range of operational matters to be considered as part of the rollout of the services.

4. Cannot comment on the Guidelines and/or Rules and/or the proportionality of the Rules without more information.

A small number of respondents to the survey stated that it was difficult to respond to our consultation questions on the draft guidelines and/or the rules, without having sight of other aspects of the service first, such as the training, the clinical protocols or other aspects of the service. We heard similar feedback from our Pharmacist Panel.

3.1.1 Our response to feedback on the draft Guidelines

We welcome and appreciate all suggestions for improving the draft Guidelines. In reviewing them, we have carefully considered opportunities to enhance clarity, conciseness and specificity, where needed. We have also made both structural and drafting improvements to strengthen the overall document.

A number of the matters raised are comprehensively covered in the clinical protocols which are being developed by the HSE and will be approved by the Minister for Health for use in the service, including clinical appropriateness and inclusion and exclusion criteria. We have endeavoured to avoid duplicating content in the Guidelines that is already covered in the clinical protocols, where possible.

We are also grateful to colleagues in AMRIC, HIQA, RCSI and IOP who provided specific feedback on the draft guidelines and rules, relevant to their areas of expertise, in the areas of antimicrobial resistance, management of health information and training development. We have considered and where possible incorporated their feedback as part of the review process.

We appreciate that those responding to the consultation have not yet had sight of other key supports that are being developed concurrently, particularly, the training and clinical protocols. This was something we had to balance in bringing the draft Rules and draft Guidelines through the public consultation process, with the need to ensure our regulatory tools and supports were ready for pharmacists in advance of the service launch.

3.2 Feedback related to the draft rules

As outlined previously, the majority of those who responded to the consultation survey:

- agreed or strongly agreed that the draft Rules were proportionate (62.88%, 83 of 132).

Several of the overall consultation themes relate to the draft Rules and/or proposed training approach, as can be seen from the table below. Comments were mixed in their evaluation of the

proportionality and clarity of the Rules, as well as whether training requirements should be strengthened or reduced.

Overall Consultation Themes – Feedback related to the draft Rules and/or training approach n=69 (64 survey respondents and 5 email respondents provided at least one comment during the consultation)	Total respondents ²
Feedback related to the draft Rules and/or training approach	
The draft Rules are proportionate.	15 of 69
The draft Rules are clear / straightforward.	9 of 69
Training requirements should be strengthened.	6 of 69
The draft Rules are excessive or disproportionate.	4 of 69
Section 4 of the draft Rules is unclear.	4 of 69
The draft Rules are not clear and/or do not provide enough detail.	3 of 69
Training requirements and/or repeat training requirements should be reduced.	3 of 69
Suggested alternatives to IIOOP delivered training modules.	2 of 69

5. The draft Rules are proportionate.

Fifteen respondents to the consultation outlined why they agreed that the draft Rules were proportionate, describing the rules as providing an ‘appropriate standard of training’, without adding ‘excessive oversight or burden’, and being ‘flexible enough to allow future expansion’.

6. The draft Rules are clear/straightforward.

Nine respondents also briefly outlined why they felt the draft Rules were clear, for example, that they were clear in regard to training and keeping up to date, or ‘straightforward’ in general.

7. Training requirements should be strengthened.

Six of those who commented on the training approach felt that it should be strengthened. There was a perception among some of these respondents that online-only self-directed training might be too ‘basic’ and that some element of face-to-face training would be beneficial.

Other respondents who commented on the training approach were concerned that not all pharmacists would have the same level of skills and experience prior to undertaking the training, and that this could lead to varying levels of confidence and potential inconsistencies in decision-making in service provision. One respondent suggested that pharmacists should have a certain number of years of experience before providing the new services.

8. The draft Rules are excessive or disproportionate.

Four respondents described either the draft Rules or pharmacy regulation in general as excessive. One respondent described the training requirements as ‘onerous’.

² Total number of respondents via survey and email whose overall response contained the relevant theme (either once or numerous times).

9. Section 4 of the draft Rules is unclear.

Four respondents highlighted Section 4 of the draft Rules in particular as having the potential to cause confusion due to its wording on 'equivalent training requirements' and queried if this meant that pharmacists could undertake alternative training.

The IOP provided specific feedback on this section of the draft rules and stated that further consideration needs to be given to how pharmacists can demonstrate that they have undertaken equivalent continuing professional education, what criteria or framework will be used to assess equivalence and how this process will be documented and audited.

10. The draft Rules are not clear and/or do not provide enough detail.

Three respondents stated that the draft rules did not provide enough detail, specifically regarding the responsibilities of each member of the pharmacy team and the role of the supervising pharmacist.

11. Training requirements and/or repeat training requirements should be reduced.

Three survey respondents were of the opinion that any repeat training should not be burdensome, or that the training requirements overall were onerous, or unnecessary, given pharmacists' existing knowledge of common conditions.

12. Suggested alternatives to IOP - delivered training modules.

We also received a small number of comments suggesting that the Rules should allow for alternatives to the proposed training, such as the recognition of advanced prescribing training by pharmacists in another jurisdiction, or for the proposed training to be incorporated into the MPharm programme.

3.2.1 Our response to feedback on the draft Rules

We welcome all feedback on the draft Rules and have carefully considered whether the Rules are disproportionate or unclear and whether the training approach is excessive, or, conversely, in need of strengthening. We have also noted that the majority of consultation responses found the Rules to be proportionate and clear.

The approach to education and training for pharmacists to prescribe for the two services has been approved by the Community Pharmacy Expansion Implementation Oversight Group (IOG) and informed by international comparator research conducted by the PSI, as well as clinical advice from the IOG multi-disciplinary clinical sub-group established by the Chief Medical Officer and HSE Chief Clinical Officer.

We note and welcome comments on Section 4 of the draft Rules. Section 11(3A) of the Pharmacy Act 2007, which was introduced by the Health (Miscellaneous Provisions) Act 2024 (No. 23 of 2024), requires the PSI to include in the Rules provision to recognise any practical professional experience of prescribing or any other relevant continuing professional education that a pharmacist might have who qualified outside of Ireland. A mechanism to recognise such training

has not yet been developed and will be considered by the PSI in the context of the specific parameters of the services being delivered, and any requests received by the PSI to recognise any such qualifications or experience.

This is in line with the [Final Report of the Expert Taskforce to Support the Expansion of the Role of Pharmacy](#) which recognises that “In circumstances where a pharmacist has undertaken equivalent prescribing training in another jurisdiction or where equivalent prescribing is a component of their core competence and scope of practice at initial registration, a method of assessment and recognition of this training should be developed and applied, referenced against national standards”.

3.3 Wider issues raised by respondents

A portion of the comments received during the public consultation related to wider issues or the new services more broadly, beyond the draft Guidelines and draft Rules that we consulted on. An extract from the list of overall themes that relate to wider issues can be seen in the table below.

Overall Consultation themes: Wider issues raised by respondents n=69 (64 survey respondents and 5 email respondents provided at least one comment during the consultation)	Total respondents³
Wider issues raised by respondents	
More information needed on aspects of the services including timelines, training, conditions, medicines, format of prescriptions & funding model.	18 of 69
Concerns that single-cover pharmacist staffing levels would be unsafe for the new services given need to supervise dispensing and/or existing workload.	15 of 69
Positive sentiment about the new services or pharmacists in general.	10 of 69
Patient safety concerns or perceived risks in providing the service.	9 of 69
General negative sentiment about PSI or regulation.	5 of 69
There should be consultation/professional fees for consultations as part of the service and /or the service should be funded.	6 of 69
Need for a clear or uncomplicated implementation and/or well-timed roll-out of the services.	3 of 69
Other suggestions for the services.	5 of 69
Potential challenges where a medicine prescribed under the service is dispensed in another pharmacy.	5 of 69
Concerns that it could be challenging for pharmacies to verify that pharmacists are trained, particularly locum pharmacists.	4 of 69
Need for clear communication with the public about the services.	3 of 69
Concerns that there would be a potential financial conflict or pressure on pharmacists from their employer to prescribe.	2 of 69
Concerns relating to interprofessional collaboration and/or whether there would be backing from general practice colleagues.	2 of 69

3.3.1 Our response to wider issues raised by respondents

These wider issues raised as part of the consultation are outside the scope of the draft Guidelines and draft Rules and, in many cases, outside PSI’s remit to address. We recognise, however, the

³ Total number of respondents via survey and email whose overall response contained the relevant theme (either once or numerous times).

importance of the issues raised and, where these do fall outside our remit, we will communicate these concerns to our relevant stakeholder colleagues.

We appreciate that those who took part in the consultation process had only limited access to information on the training and clinical protocols, which are still being developed, as well as limited information on many operational aspects of the new service, which are also still under development by the [Community Pharmacy Expansion Implementation Oversight Group](#) (IOG) which is responsible for implementing the Common Conditions Service.

One of the six key workstreams of the IOG relates to the operational aspects of the service. We are committed to sharing information on how the services will operate, as soon as it becomes available.

We expect that pharmacists and pharmacy teams will have many questions as the new services are being introduced. We consider that the best way to communicate up-to-date and more detailed information as it becomes available will be through our communication channels and FAQs on our website, which will be regularly updated as new information becomes available. We intend the Guidelines to be principles-based and as 'future-proof' as possible. Similarly, the purpose of the Rules is to enable the PSI to develop training for the new services.

We recognise that one of the more frequent themes that appeared in comments throughout the consultation related to adequate staffing for the services and concerns about providing these new services alongside the services pharmacists already provide. In revising the draft Guidelines, we have added an additional indicator regarding the need for those in pharmacy governance roles to ensure that adequate staffing levels are maintained to fulfil all clinical, operational and supervisory requirements.

One of the recommended actions from PSI's [Workforce Intelligence Report 2023](#), is to publish guidance on safe staffing levels, adequate staffing mix and appropriate rest periods in community pharmacy. PSI has committed in its Service Plan 2025 to developing this guidance.

Another issue raised by a small number of respondents was in relation to training verification. Respondents highlighted examples in other jurisdictions of annotated or specialist registers for pharmacists with prescriber qualifications.

It is PSI's understanding that this is more common with advanced or independent prescribing qualifications, which is a separate recommendation from the Expert Taskforce and outside the scope of this consultation.

PSI does not currently have a legal basis to develop an annotated or specialist register as part of the Common Condition Service. This will be considered further as we seek to put in place the appropriate regulatory and governance frameworks underpinned by any necessary standards, education and guidance to facilitate the realisation of Taskforce recommendations, as accepted by the Minister for Health, in relation to pharmacist independent prescribing.

Other concerns raised by pharmacists as part of the consultation were in relation to certain perceived risks in providing the service, such as the absence of a shared patient record, and whether the continuation of prescribing for contraception is appropriate for pharmacists.

As stated previously, many of the broader issues raised about the new services are being managed by the IOG and are outside PSI's scope to address. This includes matters related to funding, implementation timelines, the separation of prescribing and dispensing and the overall communication plan with the public and other healthcare professionals.

As a member of the IOG, PSI will be sharing these and other findings from the consultation with our colleagues on the IOG, as appropriate, which is chaired by the Department of Health.

4. Conclusion

The PSI would like to thank all of the individuals and organisations who have taken part in this consultation. We are grateful for your feedback, which has been carefully considered and used to inform our review of the draft Guidelines and draft Rules.

This consultation report and updated Guidelines were considered by the PSI Regulatory and Professional Committee at its meeting of 18 September 2025 and approved by the PSI Council at its meeting of 2 October 2025.

The draft Rules were also considered by the PSI Regulatory and Professional Committee and considered and approved by the PSI Council in light of consultation feedback and submitted the Minister for Health for consideration in accordance with Section 11(5) of the Pharmacy Act 2007.

Appendix A

Overall Consultation Themes – PSI Consultation on draft Rules and draft Guidelines for the Common Conditions Service and Continuation of Prescriptions for Contraception n=69 (64 survey respondents and 5 email respondents provided at least one comment during the consultation)	Number of respondents ⁴
Feedback related to the draft Guidelines	
The draft Guidelines, or aspects of the draft Guidelines, are unclear and/or not specific enough.	21 of 69
The draft Guidelines should be shorter/more concise, and/or less prescriptive.	5 of 69
Specific feedback from subject matter experts.	4 of 69
Cannot comment on the guidelines and/or rules and/or the proportionality of the rules without more information.	3 of 69
Feedback related to the draft Rules and/or training approach	
The draft Rules are proportionate.	15 of 69
The draft Rules are clear / straightforward.	9 of 69
Training requirements should be strengthened.	6 of 69
The draft Rules are excessive or disproportionate.	4 of 69
Section 4 of the draft Rules is unclear.	4 of 69
The draft Rules are not clear and/or do not provide enough detail.	3 of 69
Training requirements and/or repeat training requirements should be reduced.	3 of 69
Suggested alternatives to IOP delivered training modules.	2 of 69
Wider issues raised by respondents	
More information needed on aspects of the services including timelines, training, conditions, medicines, format of prescriptions & funding model.	18 of 69
Concerns that single-cover pharmacist staffing levels would be unsafe for the new services given need to supervise dispensing and/or existing workload.	15 of 69
Positive sentiment about the new services or pharmacists in general.	10 of 69
Patient safety concerns or perceived risks in providing the service.	9 of 69
General negative sentiment about PSI or regulation.	5 of 69
There should be consultation/professional fees for consultations as part of the service and /or the service should be funded.	6 of 69
Need for a clear or uncomplicated implementation and/or well-timed roll-out of the services.	3 of 69
Other suggestions for the services.	5 of 69
Potential challenges where a medicine prescribed under the service is dispensed in another pharmacy.	5 of 69
Concerns that it could be challenging for pharmacies to verify that pharmacists are trained, particularly locum pharmacists.	4 of 69
Need for clear communication with the public about the services.	3 of 69
Concerns that there would be a potential financial conflict or pressure on pharmacists from their employer to prescribe.	2 of 69
Concerns relating to interprofessional collaboration and/or whether there would be backing from general practice colleagues.	2 of 69

⁴ Total number of respondents via survey and email whose overall response contained the relevant theme (either once or numerous times).