

# Guidelines to Support the Provision of a Common Conditions Service and Continuation of Prescriptions for Contraception

Version 0.5.2

Draft for public  
consultation

July 2025

## 1. Introduction

Pharmacists in Ireland are enabled to provide care and where appropriate, prescribe prescription-only medicines for a defined range of common conditions as part of the Common Conditions Service and to prescribe contraception as part of the Continuation of Contraception Service. These services are underpinned by legislation, clinical protocols and training. The ability for pharmacists to provide these services is in line with the ambition for an expanded role of pharmacists to support improved access to healthcare through the delivery of enhanced clinical services in community pharmacy settings.

The Common Conditions Service (CCS) enables pharmacists in community pharmacies to assess, manage, and provide self-care advice, supply over the counter (OTC) medicines and/or prescribe prescription-only-medicines (POM) through following established clinical protocols.

The Continuation of Contraception Service allows pharmacists to continue an existing prescription for contraception for eligible patients, following a structured assessment and in accordance with an established clinical protocol.

Both services represent an opportunity to leverage pharmacists' knowledge and skills while supporting timely access to care in the community and helping to reduce the burden on general practice and urgent care services, enhancing the responsiveness and efficiency of the healthcare system.

## 2. Purpose of the Guidelines

These guidelines apply to all pharmacists delivering the Common Conditions Service or the Continuation of Contraception Service in community pharmacy settings, as well as pharmacy owners, superintendent and supervising pharmacists who are responsible for the safe and effective implementation of these services.

They provide a principle-based framework for pharmacists delivering care under both services and are designed to promote consistency and safety, while also enabling pharmacists to apply their professional judgement in the best interests of individual patients.

Pharmacists and those in pharmacy governance roles must also ensure that service provision is in line with relevant legislation, PSI guidance<sup>1</sup>, the clinical protocols specifically developed for the service by the HSE and approved by the Minister for Health. Pharmacists delivering the service must have completed the service-specific training approved by the PSI.

### 3. Structure of the Guidelines

The Guidelines set out seven guiding principles (see Figure 1), which support the consistent delivery of safe, high-quality person-centred care. Pharmacists and those in governance roles also need to consider all relevant legislation and the *PSI Code of Conduct*<sup>2</sup> when applying these principles. The guidelines are intended to be supportive and enabling rather than overly prescriptive, offering flexibility for implementation. This approach is intended to empower pharmacists to use their professional judgement to make informed decisions in the interests of person-centred care.

Each principle is:

- supported by a principle statement, which describes the principle,
- underpinned by concise, outcome-focused indicators that are intended to offer guidance on how adherence to each principle can be demonstrated.

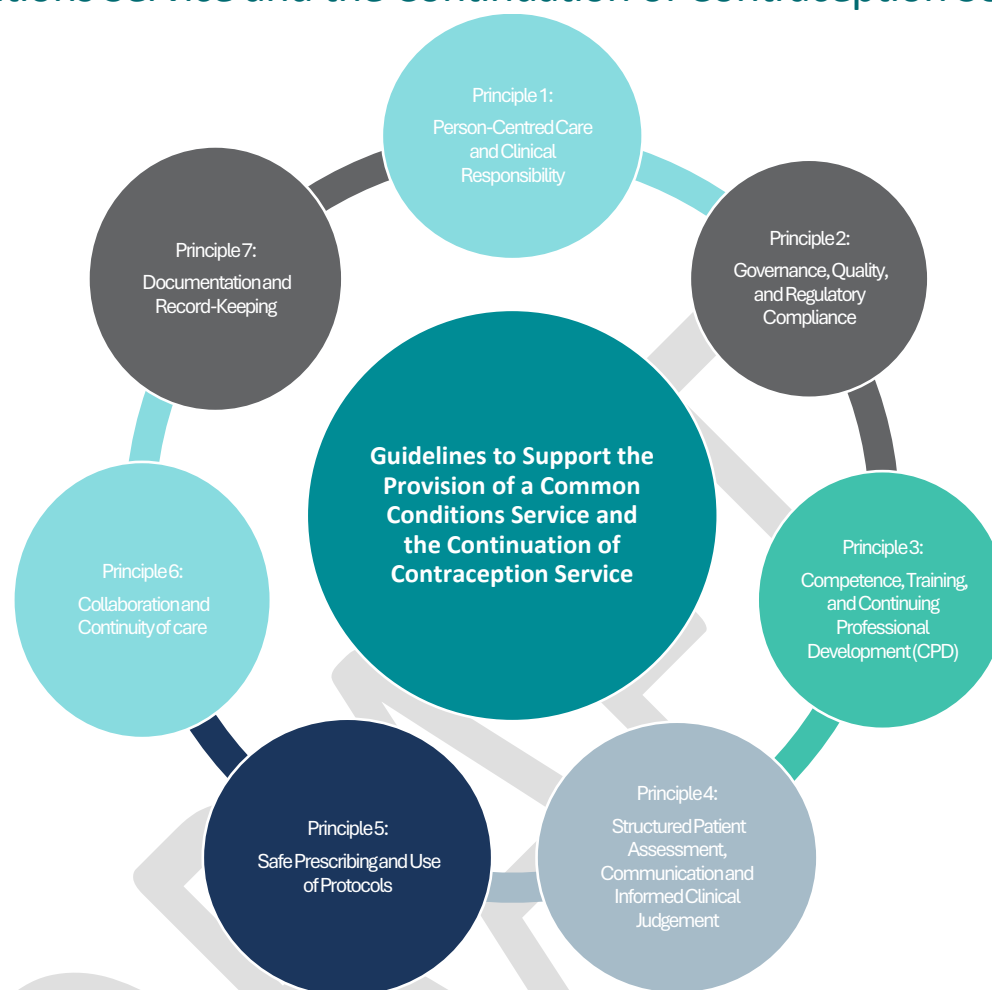
Where 'must' is used in the Guidelines, this indicates an action that pharmacists or those in pharmacy governance roles are obliged to take to meet the requirements set out in legislation.

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<sup>1</sup> [https://www.thepsi.ie/sites/default/files/2024-06/Pharmacy\\_Governance\\_Roles.pdf](https://www.thepsi.ie/sites/default/files/2024-06/Pharmacy_Governance_Roles.pdf)

<sup>2</sup> [Code of Conduct – Professional Principles, Standards and Ethics for Pharmacists | PSI](#)

## 4. Guiding Principles for Pharmacist Practice in the Common Conditions Service and the Continuation of Contraception Service.



*Figure 1 Guiding principles to Support the Provision of a Common Conditions Service and Continuation of Prescriptions for Contraception*

## 5. Legislative basis

In 2025, amendments to legislation enabled:

- Pharmacists to provide a CCS in a retail pharmacy setting, including the assessment, counselling, and supplying certain over the counter (OTC) and prescribing prescription-only-medicines (POM) through established protocols.
- Pharmacists to continue a prescription for contraception, where it is safe and appropriate to do so and in line with the approved protocols.

The legislation requires pharmacists to have completed PSI-approved training and follow HSE-approved protocols.

Regulation 5C of the Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations 2025 [S.I. No. XX/2025] provides a legal framework for pharmacist prescribing under CCS and continuation of contraception, including eligibility criteria and service requirements.

Regulations 10F and 10G of the same statutory instrument outline mandatory record-keeping requirements when a pharmacist prescribes or continues a prescription under these services.

Regulation 9X of the Regulation of Retail Pharmacy Businesses (Amendment) Regulations 2025 [S.I. No. XXX/2025] sets out additional governance requirements, including:

- The need for adherence to protocols approved by the Minister for Health
- Clear separation of prescribing and dispensing roles where possible
- Patient communication and consent requirements
- Governance responsibilities for superintendent and supervising pharmacists

The Medicinal Products (Control of Placing on the Market) (Amendment) Regulations 2025 update the definition of a “practitioner” to include registered pharmacists. This change provides a clear legal basis for pharmacists to prescribe certain medicines. It formally recognises pharmacists as prescribers within the framework for the authorisation, marketing, and supply of medicinal products, reinforcing the legitimacy of their clinical role in both the Common Conditions Service and the Continuation of Contraception Service.

## Principle 1: Person-Centred Care and Clinical Responsibility

**Principle Statement:** All patients accessing the CCS or continuation of contraception service receive safe, appropriate and patient-centred care that recognises their individual needs and preferences. Person-centred care involves engaging the patient in meaningful dialogue, respecting their autonomy, and ensuring that treatment decisions are made in partnership. Pharmacists delivering care under the CCS and the Continuation of Contraception Service are responsible for their assessment, decision-making, and any treatments prescribed in accordance with approved protocols and legal obligations, including ensuring patient choice around dispensing.

### Indicators supporting Principle 1:

These indicators apply to all pharmacists.

- 1.1 You should engage in shared decision-making by actively listening to the patient, encouraging questions, clearly explaining options, and confirming that the patient understands and is making an informed choice based on their health status and preferences.
- 1.2 You should ensure care is tailored to account for individual circumstances such as language needs, health literacy, cognitive ability, disability, cultural values, or socioeconomic factors.
- 1.3 You should ensure consultations are undertaken in an area of the pharmacy that can support patient privacy and confidentiality and encourage patient involvement and understanding.
- 1.4 You should take full responsibility for any prescribing decisions you make, including ensuring the decision is within the scope of the service, supported by appropriate documentation, and that the patient is referred to another healthcare professional when their needs fall outside that scope.
- 1.5 Where you prescribe a treatment that is a prescription only medicine, you should inform the patient that they have the right to have the prescription dispensed at any pharmacy.

### Additional indicators that apply to the continuation of contraceptive medication

- 1.6 You should ensure the patient is informed about all contraceptive options, including long-acting reversible contraception (LARC), and is supported to make an informed choice.
- 1.7 You should consider and respond to any expressed concerns about side effects or changes in the patient's experience with the current method of contraception.

## Principle 2: Governance, Quality, and Regulatory Compliance

**Principle Statement:** Those in governance roles (pharmacy owners, superintendent pharmacists, and supervising pharmacists), have a critical responsibility to create and maintain the conditions necessary for safe service delivery as outlined in the *PSI's Guidance on Pharmacy Governance Roles*<sup>3</sup> and supported by *Regulation 4 and Regulation 9B of Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. 488 of 2008) as amended*.

Those in governance roles must ensure that pharmacists providing either service are appropriately trained, that services are supported by sufficient resources, and that Standard Operating Procedures (SOPs) are in place and consistently followed. The pharmacy environment, staffing mix, and service design must provide for pharmacist supervision of the sale and supply of medicines in the pharmacy, while other pharmacist-delivered services such as vaccinations, CCS consultations or consultations for the Continuation of Contraception Service are delivered.

Governance responsibilities also include ensuring that services are inclusive and accessible, and that human rights and equality obligations are considered.

Only registered pharmacists may provide the clinical elements of the CCS and the Continuation of Contraception Service, including prescribing and assessment. However, the wider pharmacy team play an important role in supporting service delivery, including responding to initial symptom presentations and referring patients into the service.

### Indicators supporting Principle 2:

These indicators apply to all those in pharmacy governance roles.

- 2.1 You must ensure that all pharmacists involved in the delivery of these services have completed the mandatory training. Additionally, evidence of this training should be reviewed and must be available for inspection upon request.
- 2.2 You must ensure that clear, structured documented procedures are developed and implemented in the pharmacy to ensure compliance with current legislation, including data protection, record keeping, and regulations governing the CCS and continuation of contraception service.
- 2.3 You should ensure staffing levels and operating models are designed to support safe and effective delivery of the Common Conditions Service and the Continuation of Contraception Service, including meeting all relevant clinical, supervisory, and governance responsibilities.
- 2.4 You should ensure that a structured approach to quality assurance is in place to support compliance with relevant legislation and PSI guidance. This includes systems for clinical audit, review of patient feedback, regular service evaluation, and ongoing service improvement. These mechanisms help confirm that pharmacists are delivering care in accordance with protocols, maintaining accurate records, and identifying areas for development or improvement.

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<sup>3</sup> <https://www.psi.ie/practice-supports/guidance-and-guidelines-pharmacists-and-pharmacies/psi-guidance-pharmacy>

- 2.5 You should confirm that the pharmacy team including non-pharmacist members of the pharmacy team involved in the service are appropriately trained and understand their roles and limitations.
- 2.6 You should ensure that any governance arrangements allow for independent clinical decision-making which is clearly documented, and subject to oversight. You don't use targets or incentives which could adversely influence decisions affecting patient care.
- 2.7 You must ensure that service provision takes account of equality and human rights obligations, with proactive steps taken to reduce access barriers for vulnerable or diverse patient groups.
- 2.8 You should ensure patients are clearly informed of any associated fees or costs before providing the service, to provide transparency and enhance patient trust.
- 2.9 You should ensure that CCS and continuation of contraception service consultations take place in a designated consultation area where privacy and confidentiality can be maintained, in line with professional and legislative requirements.
- 2.10 You should promote an open and honest safety culture within the pharmacy, where staff feel supported to raise concerns, report incidents, and contribute to continuous service improvement.

#### Additional indicators that apply to the continuation of contraceptive medication

- 2.11 You should have systems in place to monitor eligibility criteria including age range and contraindications as outlined in the HSE-approved clinical protocol for continued contraception.
- 2.12 You should ensure that any clinical equipment used as part of the service is regularly calibrated and maintained, with a clear process for staff training in its use.



## Principle 3: Competence, Training, and Continuing Professional Development (CPD)

**Principle Statement:** Pharmacists must practice within the limits of their professional competence and take responsibility for ensuring that they are appropriately trained and clinically prepared to deliver care under the CCS and Continuation of Contraception Service. This means completing all required training in advance, maintaining up-to-date clinical knowledge, and applying professional judgement based on evidence and best practice.

Pharmacists should also reflect on their ethical and professional responsibilities when assessing or treating patients. The PSI's ethical decision-making tool<sup>4</sup> may support pharmacists in navigating complex clinical scenarios and ensuring decisions are made in the patient's best interest.

Competent practice includes recognising when a case falls outside the scope of the service or the pharmacist's personal competence and referring appropriately.

### Indicators supporting Principle 3:

These indicators apply to all pharmacists.

- 3.1 You must complete all required CCS and continuation of contraception training available through the Irish Institute of Pharmacy (IloP)<sup>5</sup> before providing services and maintain records of completed training.
- 3.2 You should demonstrate up-to-date clinical and regulatory knowledge by applying information in current clinical protocols and PSI guidelines to your practice.
- 3.3 You should actively engage in additional any CPD needed, including activities related to common conditions, sexual and reproductive health, and patient communication.
- 3.4 You should use the PSI's ethical decision-making tool or similar structured approaches to support sound clinical and ethical decisions.
- 3.5 You should recognise and work within the boundaries of your own competence, seeking advice or referring patients where appropriate.
- 3.6 You should ensure that your professional knowledge is regularly updated in response to new guidance or changes to approved clinical protocols.
- 3.7 You should refer to the Summary of Product Characteristics (SPC) where relevant to ensure safe and appropriate prescribing, particularly when confirming dosing, contraindications, interactions, or special population considerations not explicitly detailed in the clinical protocol.

### Additional indicators that apply to the continuation of contraceptive medication

- 3.8 You should review and be familiar with the most current and relevant guidance referenced in the protocols for hormonal contraception before prescribing.

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<sup>4</sup> [Ethical Decision Framework .pdf](#)

<sup>5</sup> [Welcome | IloP Portal](#)

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

**Principle Statement:** Pharmacists must adopt a structured and evidence-based approach when assessing patients under the CCS and continuation of contraception service. This involves systematically gathering information, considering the patient's clinical history and any risk factors, applying clinical reasoning, and making an informed decision regarding treatment or referral.

Pharmacists should use standardised templates or assessment tools to support consistency and safety in clinical decision-making. These tools also facilitate clear documentation, which is essential for patient safety, continuity of care, and professional accountability.

Decision-making must be grounded in approved clinical protocols and training, the Code of Conduct and individual patient needs. Pharmacists must be confident in recognising red flags, atypical presentations, or signs of more complex illness, and refer patients promptly in line with approved clinical protocols, where necessary. They should also be alert to conditions that may fall outside the scope of the service or their individual competence.

Effective communication is integral to the assessment process. Pharmacists must explain the nature of the condition, how treatment works, and what to expect. Information should be delivered clearly, respectfully, and in a way that accounts for the patient's health literacy and individual preferences. Counselling should include guidance on red flags, medication use and follow-up, supporting shared decision-making and informed patient choice.

Indicators supporting Principle 4:  
These indicators apply to all pharmacists.

- 4.1 You should use a standardised consultation record form to structure the consultation and ensure all relevant information is captured, including your rationale for the diagnosis and treatment provided
- 4.2 You should gather relevant information through dialogue with the patient and review of patient record (if available), including the patient's presenting complaint, past treatment for the condition, if relevant, or any other relevant medical history to inform your decision on whether to treat, refer or recommend self-care.
- 4.3 You should maintain privacy and dignity during all consultations, especially those involving sensitive conditions.
- 4.4 In your assessment you should consider relevant factors such as medication use, allergies, medical history, and patient preferences.
- 4.5 You should explain the rationale to the patient for your decision to recommend self-care only, to treat with an over-the-counter medicine or a prescription-only medicine, or to refer.
- 4.6 If treatment is not indicated, you should support the patient through referral to the appropriate healthcare service or provide them with appropriate self-care and safety netting advice, as appropriate.

- 4.7 If treatment is indicated, you must obtain informed consent from the patient by explaining the risks, benefits and other key relevant information on the medicine and ensure the patient understands, can ask questions and knows when to seek additional follow-up care.
- 4.8 You should ensure that the patient is fully informed on the correct storage and use of the medication, including clear instructions on dosage, timing, and actions to take in the event of a missed dose. This counselling obligation aligns with legislative requirements, which emphasise your responsibility to provide comprehensive and accurate patient guidance.
- 4.9 You should offer written information (e.g. leaflets, care instructions, multilingual guides) when appropriate to reinforce key points.
- 4.10 You should appropriately identify and refer patients who present with red flag symptoms or clinical complexity in line with the clinical protocols.
- 4.11 You must ensure clinical decisions are made in line with the approved clinical protocols and guidance, and where there is clinical uncertainty, you must refer to an appropriate healthcare professional.

**Additional indicators that apply to the continuation of contraceptive medication**

- 4.12 You should confirm and document any relevant details of the review undertaken, as per the clinical protocol.
- 4.13 You should ask and record whether there have been any new diagnoses, medication changes, changes to health status, smoking status changes, or adverse effects that might alter the patient's eligibility.
- 4.14 You should confirm whether the original prescriber restricted continued use and verify that continuation is clinically appropriate.
- 4.15 You should clearly explain the significance of adherence to the contraceptive regimen and provide guidance on what to do in the event of missed doses.
- 4.16 You should provide information on emergency contraception options where appropriate.
- 4.17 You should advise patients on when they should attend a GP or clinic for further review or long-term contraceptive care.

## Principle 5: Safe Prescribing and Use of Protocols

**Principle Statement:** Pharmacists delivering the CCS or the Continuation of Contraception Service must ensure that prescribing is safe, clinically appropriate, aligned with the relevant HSE-approved protocols and be in accordance with Regulation 5C and Schedule 13 of the Medicinal Products Regulations. Prescribing decisions should be supported by clear clinical reasoning, accurate documentation, and an understanding of the patient's relevant health status.

The use of approved clinical protocols is essential for safe, consistent care. Pharmacists must always refer to the most current version of the protocol for each condition, applying its inclusion/exclusion criteria, treatment options, and referral pathways. Where prescribing occurs, it must be based on clinical need and evidence.

Special attention should be given to the appropriate use of antibiotics. Antimicrobial resistance is a significant and growing public health threat, and pharmacists have a critical role in supporting good antimicrobial stewardship. As outlined in the HSE's Safe Prescribing Guidance<sup>6</sup>, antibiotics must only be prescribed when clearly indicated. Pharmacists must be alert to inappropriate use and promote responsible prescribing that protects both individual patients and broader community health.

Patients must be informed of their right to choose where to have the prescription dispensed, consistent with professional and ethical obligations.

Indicators supporting Principle 5:  
These indicators apply to all pharmacists.

- 5.1 You must only provide the service, including prescribing where appropriate, in line with the approved clinical protocols and ensure you are using the most up-to-date version of the approved, clinical protocol for each condition.
- 5.2 You should provide clear information to the patient on the prescribed treatment, including how and when to take it, potential side effects, and what to do if symptoms do not improve.
- 5.3 You must inform the patient of their right to have the prescription dispensed at any pharmacy and not exert pressure to have it dispensed where the consultation took place. A record should be maintained of the patient's decision if the patient elects to have their prescription prescribed and dispensed in the same pharmacy.
- 5.4 You should ensure that antibiotics are prescribed only when clinically justified, in line with the approved clinical protocols and the principles of antimicrobial stewardship.
- 5.5 You should not carry out repeat prescribing unless explicitly supported by the approved clinical protocol and where a reassessment of the patient's condition has been completed.
- 5.6 You must not prescribe medicines listed in Schedule 13 unless the service is being provided under CCS or the Continuation of Contraception Service in accordance with Regulation 5C.

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<sup>6</sup> <https://www.hse.ie/eng/services/list/2/gp/antibiotic-prescribing/safe-prescribing/>

**Additional indicators that apply to the continuation of contraceptive medication**

- 5.7 You must not continue contraception where the protocol exclusion criteria are met and must instead provide appropriate signposting and referral.
- 5.8 You must ensure that prescriptions for continued contraception do not exceed the defined maximum period unless a new assessment is conducted.

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## Principle 6: Collaboration and Continuity of care

**Principle Statement:** Pharmacists must promote continuity and coordination of care by working collaboratively with other healthcare professionals, where appropriate, and ensuring that any information you determine to be important is shared appropriately, with the patient's consent. While pharmacists operate independently under the CCS and Continuation of Contraception service, effective collaboration with GPs and other providers enhances patient safety, supports holistic care, and reduces fragmentation of the healthcare journey.

Communication with other healthcare professionals must be purposeful, proportionate, and compliant with data protection standards. Pharmacists should only share information that is relevant and necessary for ongoing care and should do so only with the patient's consent.

Pharmacists are also encouraged to empower patients to take responsibility for continuity by informing their GP of treatments or prescriptions received under the service.

Indicators supporting Principle 6:  
These indicators apply to all pharmacists.

- 6.1 You should seek and record patient consent before any communication is made with another healthcare provider.
- 6.2 You should use an appropriate method of communication when sharing information with GPs or other relevant professionals.
- 6.3 In situations where you cannot treat the patient and referral is required, you should communicate any information you deem relevant to allow for continuity of care.
- 6.4 You should only share information that is relevant to the patient's ongoing care and adhere strictly to legal and ethical obligations on confidentiality and data protection.
- 6.5 You should ensure that any communication with other providers is timely, particularly when urgent follow-up or intervention is required.
- 6.6 You should record all communications or referrals in the patient's clinical record to support audit and accountability.
- 6.7 Where collaboration with other professionals is not possible (e.g., out-of-hours), you should provide the patient with advice on seeking follow-up care and ensure they have access to relevant documentation.
- 6.8 In exceptional circumstances, where consent is not provided but the pharmacist believes that not sharing information could result in serious harm to the patient or others, you should use your professional judgement to determine whether disclosure to another healthcare professional is justified. Any such disclosure must be lawful, proportionate, clearly documented, and limited to the minimum necessary information.

Additional indicators that apply to the continuation of contraceptive medication

- 6.9 You should inform the patient of the importance of communicating any medication changes or new health conditions to healthcare providers managing their contraception.

## Principle 7: Documentation and Record-Keeping

**Principle Statement:** Pharmacists must maintain accurate and clear records for every patient interaction under the CCS and continuation of contraception service. High-quality clinical documentation supports continuity of care, facilitates audit, protects patient safety, and provides evidence of professional decision-making.

Record-keeping is especially important when the pharmacist acts in both a prescribing and dispensing capacity, to ensure transparency, and accountability in line with professional and ethical expectations.

The legal framework governing record-keeping requirements for the CCS and continuation of contraception service is defined in Regulations 10F and 10G of the Medicinal Products (Amendment) Regulations 2025. Pharmacists must ensure compliance with all legislative requirements.

Indicators supporting Principle 7:  
These indicators apply to all pharmacists.

- 7.1 You should record each consultation using a standardised format and ensure it is completed in real time or immediately after the interaction.
- 7.2 You should clearly document your clinical rationale for treatment, referral or self-care decisions in sufficient detail to support audit and accountability.
- 7.3 You should document informed consent for prescribing, communication with other healthcare providers, and follow-up.
- 7.4 All records must be stored securely, in compliance with data protection laws.
- 7.5 You should ensure the pharmacy team has processes in place to confirm documentation standards are met consistently, including locum and part-time staff.
- 7.6 You must record the pharmacist's name and registration number, the date of decision, and the rationale for any prescription issued under CCS or the Continuation of Contraception Service, in line with legislative requirements.

Additional indicators that apply to the continuation of contraceptive medication

- 7.7 You should document all findings from the structured patient assessment, including any relevant test results carried out and relevant history changes, in the patient record.

## More Information

Pharmacists delivering the Common Conditions Service and the Continuation of Contraception Service should refer to the following sources for training, protocols, and professional guidance:

### Training and Professional Development

Training for each condition covered under the CCS and the continuation of contraception service, will be made available through the Irish Institute of Pharmacy (IIOp) portal. The IIOp provides national training programmes, practice resources, and continuing professional development (CPD) support to help pharmacists prepare for and deliver these services safely and effectively.

Visit the IIOp website for access to:

- CCS and contraception-specific training modules
- CPD tools and supports
- Practice guidance and information sessions

### Clinical Protocols

All services delivered under the CCS and the continuation of contraception service, must be carried out in accordance with clinical protocols developed and approved by the HSE. These protocols outline the criteria for patient inclusion, assessment, treatment, and referral, and are essential for safe and consistent service delivery.

Links to these protocols will be provided via the PSI website once they become available.

### Regulatory and Professional Guidance

Pharmacists should refer to the *PSI Guidelines to Support Medicines Therapy Review, Counselling, and Prescription Extension*, which offer further guidance on clinical decision-making and patient counselling.

Further updates and resources to support CCS and contraceptive services will be published on the PSI website.

In addition, pharmacists should consult the *PSI Guidance on Pharmacy Governance Roles*, which outlines the respective responsibilities of pharmacy owners, superintendent pharmacists, supervising pharmacists, and all pharmacists involved in the provision of care.