

# Conditions that may be Imposed Following Disciplinary Inquiry

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## 1. Introduction

Where, following an inquiry by either the Professional Conduct Committee or the Health Committee, a complaint against a pharmacist or pharmacy owner has been upheld, section 48 of the Pharmacy Act 2007 (the Act) requires the Council to impose one or more of the following sanctions:

- a. Admonish or censure the pharmacist or pharmacy owner
- b. Attach conditions to the registration of the pharmacist or retail pharmacy business
- c. Suspend the registration of the pharmacist or retail pharmacy business for a specified period
- d. Cancel the pharmacist's registration or that of the registered retail pharmacy business
- e. Prohibit the pharmacist or pharmacy owner from applying to restore their name to the Register for a specified period

Where the Council decides to impose one or more conditions these may be imposed in addition to other sanctions such as admonishment or censure or following the expiry of a period of suspension.

This document should be read in conjunction with the PSI **Guide to Sanctioning** which sets out the Council's overall approach to sanctioning.

The purpose of this document is to provide information in relation to the type of conditions that may be imposed where the Council is of the view that a registrant's practice or the operation of a retail pharmacy business should be restricted in some way or that certain safeguards are required.

The document will assist:

- (a) the Council in formulating appropriate conditions
- (b) the Professional Conduct Committee and the Health Committee where it has decided to recommend to Council the imposition of conditions
- (c) pharmacists or pharmacy owners appearing before the Council and/or their representatives when the imposition of sanctions is being considered by the Council and
- (d) members of the public in understanding the conditions that may be imposed by the Council.

A registrant's compliance with conditions will be monitored and a failure to comply may give rise to further disciplinary proceedings. Further a breach of a condition confirmed by the High Court may amount to contempt of court.

This document lists sample conditions that may be drawn from and/or adapted by the Council. Note that the Council will exercise its discretion in each case and is not bound to impose any of the sample conditions in this document. It may choose to impose a condition not listed in this document. This document is not legally binding. In each case where the Council is considering sanction it will have the assistance of a legal adviser, and the registrants concerned and the Registrar will have the opportunity to make representations as to the appropriate sanction. This guidance cannot operate to alter or displace what is the law. Pharmacists and pharmacy owners are advised to take independent legal advice if they are the subject of a complaint to the PSI.

This document will be updated and revised as the need arises.

## 2. Conditions that Impose Restrictions on Practice

Generally:

1. You shall not act as a Superintendent Pharmacist and/or Supervising Pharmacist and/or sole practitioner for [insert duration<sup>1</sup>].
2. You are prohibited from practising other than under the supervision of a senior and experienced registered pharmacist, who is acceptable to the Council/Registrar of the PSI, for a period of [insert time]<sup>2</sup>.
3. You must not work as a locum or undertake any work where you are the sole pharmacist unless approved by [for example mentor/registered medical practitioner] and with the prior agreement of the Registrar/Council.
4. You must not undertake any locum posts of less than x month's duration.
5. You will restrict your pharmacy practice as a locum to working in [named pharmacy].
6. On completion of the period of suspension you must confine your practice to working in [ ] where there are [number] of other practitioners.<sup>3</sup>
7. You must not practice pharmacy in any pharmacy in which [relative/family member] is an owner or is involved in the management of the pharmacy.

Sample conditions restricting type of services that may be provided:

1. You must not engage in the provision of [type of service/ area of practice] [unless directly supervised by a pharmacist].
2. Save in life threatening emergencies, you are not to dispense/supply or administer any controlled drugs.
3. You must not engage in the provision of [addiction and/or palliative care services or transactions for provision of [addiction and/or palliative] care services). This includes handling controlled drugs in the context of [addiction and/or palliative care] services.
4. You must have no involvement in the ordering, storage, prescribing, dispensing, labelling or supply of any controlled drugs.
5. You must have no involvement in the provision of pharmacy or healthcare services within the prison or criminal justice system or within [type] specialist hospitals/care homes.
6. You must not provide clinical advice in relation to alternative or complementary therapies or dispense any product in respect of such therapies.

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<sup>1</sup> This may be for a fixed period or until the pharmacist has successfully fulfilled another condition, for example completion of a mentoring programme.

<sup>2</sup> Council will consider whether confirmation from supervisor that the pharmacist is fit to resume unrestricted practice is required.

<sup>3</sup> Council will consider whether the pharmacist must work concurrently with another pharmacist.

7. You must have no involvement in the ordering, dispensing or supply of lifestyle drugs. This includes drugs for the treatment of impotency/male pattern baldness/obesity/smoking.

### 3. Conditions Requiring Notifications and Exchange of Information

The Pharmacy Act 2007 provides that the Council will give public notice of sanctions imposed where it is in the public interest to do so. In addition, in considering sanctions following an inquiry the Council may impose conditions in relation to the sharing of information with other parties where it is of the opinion that this is required.

Various parties may have an interest in conditions that have been imposed on a registrant, for example employers, other regulators, members of the public.

1. You will notify the following people, in writing, in relation to any work (whether paid or unpaid) for which registration with the PSI is required, of the conditions imposed on your registration [delete as applicable]:
  - All employers or contractors
  - Prospective employers or contractors
  - Agents acting on behalf of employers and locum agencies
  - Superintendent Pharmacist
  - Supervising Pharmacist
  - Pharmacy owner

In the case of prospective employers, this notification must be given at the time of application.

2. You will notify the PSI before undertaking any position for which registration with the PSI is required, and which requires you to act as a [pharmacist/Superintendent Pharmacist/Supervising Pharmacist] in the course of your duties, and to provide the PSI with the contact details of your [employer, Superintendent Pharmacist/Supervising Pharmacist or pharmacy Owner]. A copy of these conditions will be furnished by the PSI to the Owner and Superintendent Pharmacist of the retail pharmacy business.

3. You will notify any prospective employer of the existence of these conditions and will notify the PSI of when and where you intend to practice. A copy of these conditions will be furnished by the PSI to the Owner and Superintendent Pharmacist of the retail pharmacy business where you intend to practice.
4. You will consent to the PSI exchanging information with your employer, any locum agency, or any other person or organisation for whom you provide services that require registration with the PSI.
5. You will inform the PSI if you apply for registration and/or intend to work as a pharmacist outside of this jurisdiction. You will notify the regulatory body in that jurisdiction of all findings of this inquiry<sup>4</sup> and of these conditions.
6. You will notify the relevant [insert jurisdiction] regulatory bodies of all findings of this inquiry<sup>5</sup> and of these conditions.
7. Should you leave this jurisdiction for employment purposes before the expiration of these conditions you must notify the Registrar/Council within 7 days of your return to Ireland. For confirmation, the following conditions can only be fulfilled in this jurisdiction and the monitoring of your compliance with these conditions will start from the date of your return. You are not to carry out any work (whether paid or unpaid) for which registration with the PSI is required until you have notified the PSI of your return.

## 4. Conditions to Address Performance Issues

A variety of conditions may be necessary to address performance issues. These may include restrictions on practice, a period of supervision, an assessment of the extent of the deficits in practice and/or a remediation programme involving learning and development activities including training and/or mentoring.

### A. Audit of and addressing deficits

These conditions aim to have performance assessed, deficits identified and steps necessary to address those deficits made clear. Where the performance issue is relatively minor the Council may specify that a self-audit should be completed. In other cases an appropriate

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<sup>4</sup> Publication of conditions will also be considered under section 57 of the Act.

<sup>5</sup> Publication of conditions will also be considered under section 57 of the Act.

assessor is appointed and that he/she reports at regular intervals to either the Registrar or the Council. There should be a final report indicating whether the registrant is fit to return to unrestricted practice. The registrant should be required to comply with all requests of the assessor. These conditions may be imposed in conjunction with other conditions, for example, with a period of mentorship. In addition, they may be appropriate in conjunction with a requirement for supervised practice and restriction on being a supervising or superintendent pharmacist.

1. You shall carry out [an audit of the processes and procedures/ assessment of your practice having regard to the Core Competency Framework for Pharmacists approved by the Council of the PSI] and address the deficiencies identified in the findings of the Professional Conduct Committee. You shall submit a report to the Registrar of the PSI on or before [insert date] identifying how those deficiencies have been addressed.
2. You shall promptly [or by specified date] engage with a suitably qualified senior and experienced pharmacist to be nominated by the Registrar of the PSI for an assessment of your practice, to identify and address any deficits in your professional practice [which may include deficits in pharmacy procedures] with a particular focus on the circumstances giving rise to this complaint and with reference to the Core Competency Framework for Pharmacists approved by the Council of the PSI. The assessment will be conducted with a view to devising appropriate learning activities and assessment modalities, which may include the preparation of and adherence to a development plan, specified educational courses, training or other means (ranging from workplace learning to formal assessed programmes) to facilitate the improvement of your competence to practise.
3. You must fully comply with all advice, guidance and recommendations of the nominated assessor, including the satisfactory completion of any specified courses or other learning activities.
4. You shall authorise the assessor to report periodically to the Council/Registrar on this assessment, to include progress on all learning activities recommended, undertaken and completed by you, concluding in a final report with an evaluation of your overall compliance with this condition and confirmation that the deficits identified have been addressed.



## B. Conditions in relation to further education and training<sup>6</sup>

1. You will undertake further training in the following areas:

[area of practice in respect of which findings of deficits]

Such training is to be arranged and paid for by you. You must provide the Registrar with evidence of satisfactory completion issued by the training provider within 10 working days of the course being completed.

2. You will refrain from [area of pharmacy practice] until you have provided satisfactory evidence to the Registrar that you have completed appropriate, up to date training in this area, and that you are competent to provide such a service safely.
3. [During x period] or [Before returning to practice] you shall attend and complete successfully [specific courses or education, eg a particular exam]; you must complete the [course/ examination] within x months of the date from which these conditions become effective and forward a [copy of your results/ certificate of satisfactory completion] to the Council/Registrar.
4. Upon successful completion of the [course<sup>7</sup>/ exam] you will not return to practice as a pharmacist other than under the supervision of [a tutor pharmacist<sup>8</sup> or a person eligible to be a tutor pharmacist]. In either event the supervisor must be approved in advance by the Registrar. This supervised practice shall continue for a period of not less than [insert period] months full-time or the part-time equivalent of [ insert period] full-time work and thereafter until the supervisor certifies to the Registrar that you are fit and competent to practice unsupervised.
5. You must provide evidence to the Council/Registrar of your ongoing and regular engagement in continuing professional development.

## C. Mentoring

Mentoring is a process that may be used to help the registrant develop professionally. In particular it can be used to help the pharmacist:

- (a) identify ways to improve their performance and develop their skills and professional development

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<sup>6</sup> These may be combined with conditions restricting practice or requiring supervision

<sup>7</sup> Eg communications or professionalism

<sup>8</sup> See also section in relation to supervision

- (b) develop a better understanding of their professional role
- (c) by sharing expertise / values / skills / perspectives
- (d) gain insight into and identify solutions for difficult issues, and
- (e) by developing action plans and assessing progress.

Conditions in relation to mentoring should cover the appointment of the mentor, the duration of the programme and provide for reporting to Council/Registrar. The mentor may also be required to carry out an audit or assessment of the registrant's practice and/or processes at the pharmacy in which the registrant works. Reports in relation to progress should be issued during [at specified intervals] and at the conclusion of the mentoring programme.

#### Appointment:

1. You shall promptly [or specify date for example within 2 months of confirmation of conditions by High Court] enter into a mentoring programme with a senior and experienced pharmacist to be [nominated by/agreed with] the Registrar of the PSI. You shall seek advice from, and maintain regular contact with such mentor. You shall comply with all advice, guidance and recommendations of the mentor. Such advice may include attendance and completion of academic or vocational courses or any other such learning and development activities as required.

You will arrange to have regular consultations with a mentor/ tutor and meet with him or her as required and abide by any advice or recommendations given. Such advice may include attendance and completion of academic or vocational courses or any other such learning and development activities as required.

#### Duration of mentorship:

1. This formal mentoring relationship will continue for a minimum period of [ months/years] and that during the first [specify period] there will be face to face meetings with the mentor at eight week intervals at a minimum and reschedule thereafter at intervals to be agreed by the mentor with the Registrar/Council.
2. This mentorship will continue for a minimum period of [insert] months and thereafter until such time as you are informed by the Council that it is satisfied that you have successfully and adequately addressed the deficits in your professional practice. The mentorship will last for a maximum period of [ ]. Either you or the Registrar may bring any application to the Council in this regard on notice to the other.

#### Reporting:

1. You will agree to the mentor issuing reports to the Registrar/Council, which reports will be furnished/requested at regular intervals [or specified intervals] or at the request of the Registrar.
2. You will agree to the mentor issuing a final report to the Registrar/Council at the conclusion of the period specified in condition [ ] in which the mentor will advise whether in his/her opinion you are fit to return to unrestricted practice. In the event that the mentor is satisfied that you have successfully addressed the deficits in your professional practice before that date the mentor may issue the final report at such earlier time.

#### D. Supervision in workplace

These sample conditions require a third party at the pharmacist's workplace, for example the supervising or superintendent pharmacist, to assume responsibilities. They may be appropriate where the Council has prior confirmation from such person that they are prepared to act in this capacity. Such person should be aware of the findings against the pharmacist and of the sanctions imposed. The extent of the supervision required will be specified by the Council and will be dependent on the risk to the public as evidenced by the findings of the Inquiry Committee. Supervision may be confined to an audit at specified intervals of the pharmacist's work or it may extend to a requirement that the pharmacist work concurrently with the supervisor.

1. You will remain under the [direct] supervision of your Superintendent Pharmacist/Supervising Pharmacist.<sup>9</sup>
2. You will only engage in the provision of [insert specified service<sup>10</sup>] whilst under the direct supervision of a Supervising Pharmacist/ Pharmacist nominated by Supervising Pharmacist (delete as appropriate) who is aware of these conditions.
3. The Superintendent Pharmacist/supervising Pharmacists/ Pharmacist nominated by Supervising Pharmacists (delete as appropriate) may not be a family member.
4. You will arrange for your Superintendent Pharmacist/Supervising Pharmacist to review the controlled drugs register for [name/class of medicine] and to provide a report to the PSI on the following: [insert as appropriate to concern]

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<sup>9</sup> Council will clarify the nature of the direct supervision.

<sup>10</sup>For example: (a)addiction services or transactions for provisions of addiction services (b) palliative care services

5. You will arrange for your Superintendent Pharmacist/Supervising Pharmacist to send a report on your progress and development directly to the Registrar/Council every [number of months] or on request.
6. You will agree to the Superintendent Pharmacist/Supervising Pharmacist/ providing a report to the Council on your efforts to improve your knowledge / pharmacy practice.
7. You will agree to the PSI exchanging information with the Superintendent Pharmacist/Supervising Pharmacist [delete as appropriate] about your efforts to improve your knowledge/pharmacy practice.

## 5. Conditions in cases of sexual misconduct

A variety of conditions may be appropriate in cases of sexual misconduct including appropriate notifications, restrictions on practice, assessment and treatment.

Notifications:

1. You shall notify the PSI of any future employment as a pharmacist that you intend to take, prior to taking up such employment. <sup>11</sup>
2. You shall notify any future employer, before taking up such employment as a pharmacist, that you have been found guilty of professional misconduct, that you have been convicted of an offence under the Child Trafficking and Pornography Act 1998 and that you have been placed on the Sex Offenders Register for [insert period].

Consultations:

1. Save in life threatening emergencies, you will undertake all consultations with male/female/vulnerable patients/ persons under the age of 18 [delete as appropriate] in the immediate presence of another pharmacist registered with the PSI/or another registered health care professional or other person acceptable to the Registrar.
  - a. In the event of a patient rejecting the presence of the chaperone you shall not proceed.

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<sup>11</sup> Where not removed from register or suspended

- b. You will keep a contemporaneous record in book form of all consultations with male/female/vulnerable patients/ persons under the age of 18 [delete as appropriate]. This must have clear entries of the name and qualification of the chaperone and each entry must be signed and dated by you and the chaperone. You shall present this to the Registrar every [number of months], or on request, and at any subsequent review.
2. You shall not undertake any domiciliary visits, including the delivery of medicines, while engaged in the practice of pharmacy.
3. You shall not attend patients while unaccompanied<sup>12</sup>.

Ongoing assessment:

1. You shall submit to regular psychiatric assessment<sup>13</sup> and treatment at intervals of not greater than [insert time period], by a consultant psychiatrist acceptable to the Registrar/Council and shall arrange for the provision of reports to the Registrar/Council regarding those assessments.

Restrictions in services:

1. You will not undertake any pharmacy practice involving, for example:
  - a. Medicine Use/Medication Reviews in a domiciliary setting
  - b. Emergency hormonal contraception
2. You will not undertake any point of care testing.

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<sup>12</sup> Where a pharmacist is employed in a hospital it may be appropriate for them to participate in ward rounds but not be permitted to attend on patients unaccompanied.

<sup>13</sup> This condition may be adapted to specify more particularly the nature of the assessment and treatment required.

Restrictions in relation to training of other pharmacy staff or students:

1. You will not undertake work as a tutor for a period of [specify period].
2. You will not have involvement in the training of support staff/technicians.
3. You will not employ or supervise pharmacy students in your practice.

## 6. Health Impairment

Where a pharmacist has been found to be suffering from an impairment of their ability to practise because of a health impairment a combination of conditions will usually be appropriate and will depend on the health issue in question. Public safety and opportunities for rehabilitation will be addressed. The Council will also have regard to medical reports submitted by either the Registrar or the Pharmacist in determining what conditions are appropriate in individual cases. These conditions will be considered in addition to the conditions set out at other sections of this document.

### A. Attendance with medical practitioner

1. You shall [arrange and] attend for assessment and supervision by [a consultant {insert specialist} or occupational health physician] nominated/approved by the Registrar/Council at intervals determined by the Registrar/Council. You will agree to the provision of reports to the Registrar/Council regarding those assessments. You will follow their advice and comply with recommended treatment. You will consent to the PSI/Registrar corresponding with him/her about your health.
2. Your [insert relevant medical personnel] will be informed of these conditions and will be given all documentation considered by the Council in relation to your health status.
3. You will agree to your [insert specialist/ gp etc ] notifying the Council/ Registrar where there is any change in your condition or if he/she becomes aware of any breach of these conditions and/or deviation from recommended treatment plans and/or non-compliance with medication regimes.
4. You will attend out-patient treatment under the supervision of a [insert specialist] as approved by the Registrar/Council.
5. You will inform the Registrar/Council if you change medical practitioner.
6. You must continue to take all medication prescribed by your treating doctor for the treatment of your [eg alcohol misuse] for as long as deemed necessary by your monitoring physician.

7. You will continue to attend your medical practitioner regularly and authorise the said practitioner to furnish [specify intervals eg three monthly] reports on your progress to the Registrar of the PSI and you will attend any independent medical assessment as nominated by the PSI/Registrar/Council.

#### Reports to Registrar/Council:

1. You must allow the Registrar/ Council to exchange information with your [medical practitioner(s)] on your progress under supervision, fitness to practise and compliance with these conditions.
2. You must agree to regular reports from your treating [insert specialist] and any other reports as requested by the Registrar to be submitted to the Registrar.
3. You must meet any costs associated with attending such supervision and the provision of reports.

#### B. Reporting to Council / Information to employers<sup>14</sup>

1. You must inform all future employers of your [insert health condition].
2. You will notify any prospective employer at the time of application of the existence of these conditions.
3. You will notify the Registrar/Council of any return to practise including notification if you leave the jurisdiction, apply for registration in another jurisdiction and commence practice as a pharmacist in another jurisdiction.
4. You will notify the Registrar/Council of any future employment as a pharmacist that you intend to take, prior to taking up such employment.
5. You will notify any prospective employer of the existence of these conditions and you will notify the PSI of when and where you intend to take up employment (remunerated or otherwise). A copy of these conditions will be furnished by the PSI to the Owner and Superintendent Pharmacist of the retail pharmacy business concerned.

#### C. Abstinence and testing

##### Abstinence:

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<sup>14</sup>. See [ ] in relation to notifications.

1. You must abstain absolutely from the consumption of alcohol.
2. You must limit your alcohol consumption in accordance with the directions given by your medical supervisor, abstaining absolutely if they so require.
3. You must remain abstinent from all drugs, unless such drugs are prescribed by a treating physician.
4. You must abstain absolutely from the consumption of alcohol for the duration of treatment and any recommended withdrawal period from drugs, when such drugs have the potential for interaction with alcohol.<sup>15</sup>
5. You must refrain from self medicating (apart from/including taking over the counter drugs which do not require a prescription) and take drugs only as prescribed for you by your general practitioner or any registered medical, dental or nurse practitioner responsible for your care.

Testing:

1. You must comply with arrangements made by or on behalf of the Council for the testing, including random testing, of breath, blood, urine, saliva and or hair for the recent and long term ingestion of alcohol or other drugs. The results of these tests will be furnished promptly to the Registrar/Council
2. You must arrange and undertake [type of test, including random – breath, blood, urine, saliva and/or hair] for the recent and long term ingestion of alcohol and/ or [drug] every [number of months] until [set duration]. The test must be undertaken in such a way that the chain of custody can be shown to be intact. The results of such tests should be promptly forwarded to the Registrar/Council. The costs of such tests are to be borne by you.

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<sup>15</sup> This may be appropriate where the pharmacist is being treated for another condition eg drug addiction



## D. Aftercare

1. You must
  - a. Attend [regularly/ three to five times a week/as directed by the Registrar or medical practitioner] meetings of [Alcoholics Anonymous/Narcotics Anonymous/or any other support group]
  - b. You must provide evidence of your attendance at such meetings to the Registrar/Council on a [insert period] monthly basis.
2. You must attend/ continue an aftercare programme at [named centre] for a period of not less than [insert period].
3. You must attend individual counselling [eg with addiction counsellor] sessions with a practitioner/counsellor approved by the Registrar/Council for [insert period].
4. You will agree to your [for example, addiction] counsellor furnishing reports to the PSI [insert period – eg every three months] and if requested to do so by the PSI for [insert period] agree to a copy of these conditions being furnished by the Registrar to the counsellor. You will agree to the counsellor notifying the Registrar/Council if they become aware of any breach of these conditions, or if any positive result is forthcoming as a result of testing for alcohol and/or drugs.
5. You will identify, source and participate in training to address and encourage personal and professional development to include [for example, stress management, assertion training and formal management training] as necessary.

## E. Return to work<sup>16</sup>

1. You must obtain the approval of your [treating physician or other healthcare professional] before accepting any post which requires registration with the PSI.
2. Your return to practice will be on the basis of a phased, graduated plan, the plan to be approved by the [insert specialist eg independent consultant psychiatrist] and confirmed by the Registrar/Council.

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<sup>16</sup> These conditions may be considered in conjunction with suspension

3. You must keep your professional commitments under review and limit your practice in accordance with your [practitioner's] advice.
4. You must cease work immediately if your [practitioner] advises you to do so. You will notify the Registrar/Council promptly should this occur.
5. You must provide evidence to the Registrar/Council from an occupational health physician, acceptable to the Registrar/Council, as to your suitability to return to practice.

#### F. Restrictions on practice<sup>17</sup>

1. You must have no involvement in the ordering, storage, prescribing, dispensing, labelling or supply of any drug listed in [Schedules 2, 3 and 4 of the Misuse of Drugs Act.].
2. You must not possess, dispense, administer those drugs listed in [eg schedule 2].
3. You must not handle or dispense opiates.
4. [Following period of suspension] you must submit a certificate from your medical practitioner that you have been alcohol/drug free during that period.
5. You will not engage in practise as a registered pharmacist otherwise than under the direct personal supervision of another registered pharmacist at all times, and will initially return to practice on a phased part time basis the terms of which are to be acceptable to your treating [insert specialist].
6. You will practice only during periods of time in respect of which the following criteria are satisfied:
  - a. A [insert specialist eg consultant psychiatrist], nominated by you and acceptable to the Registrar/Council has confirmed that
    - i. Your [insert condition] is stabilised and under control
    - ii. You are not dependent on [insert substance]
    - iii. You are generally fit to resume practise.

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<sup>17</sup> See also Section 1

## 7. General Practice Improvements

1. You will increase support staff levels in your pharmacy to ensure that the following occurs: [Council will identify the improvement required].
2. You will ensure that [type of staff] are trained in relation to [area of pharmacy practice] and to provide evidence that they are undertaking such training no later than [date].

## 8. Miscellaneous

1. You must obtain and maintain adequate professional indemnity insurance and provide evidence of such insurance to the Registrar/Council.
2. These conditions will remain in place for a minimum of [ ] years.
3. You must make your practice, patient records and prescription records available for inspection by Authorised Officers of the PSI if and when requested and co-operate with all recommendations of [ ].
4. You must develop and monitor standard operating procedures in relation to [ ] and provide evidence to the Council/ Registrar of the steps you have taken to develop and monitor these SOPs within 3 months of the date that these conditions become effective.
5. You will employ a full time pharmacist to act as Supervising Pharmacist in your pharmacy, such person to be approved by the Registrar/Council.

## 9. Costs

You shall discharge any and all costs associated with the implementation of these conditions and shall recompense the Pharmaceutical Society of Ireland any costs that it may incur in enforcing these conditions.