



PHARMACEUTICAL SOCIETY
of New Zealand Incorporated

Michael A Pead
Chief Executive
Pharmacy Council
PO Box 25-137
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2 December 2024

Dear Michael,

PSNZ submission to Pharmacy Councils proposed increase in fees for 2025-2026

The Pharmaceutical Society of New Zealand welcomes the opportunity to respond to the Pharmacy Council's consultation. The Society has sought members' views and made its own assessment, and this information is summarised in this letter for the Council's consideration.

The Council has provided a comprehensive narrative to explain why it is choosing to increase the APC fee and disciplinary levy. The Council states that it treads a fine line every year in review costs, monitoring its long-term financial sustainability and working to support the future of pharmacists' professional self-regulation, which is appreciated.

The Society is concerned that there is an increase in the number of notifications and complaints being received. The HDC report referenced in the consultation was from 2021/2022. Despite the delay in referring cases from HDC to the Pharmacy Council, it would be beneficial to understand if the pressures on HDC have continued into 2023/2024 and if this workload is likely to be passed across to the Pharmacy Council during 2025. It may be useful if the Pharmacy Council can clarify this with HDC as the Society is trying to understand if pharmacists' costs are likely to increase again.

It is interesting to note that the Pharmacy Council has seen a steady increase in informal enquiries and a mixture of both simple and complex cases. It would be helpful if the Council could provide information on the number of informal simple; informal complex; formal simple; and formal complex cases.

It would be useful for the profession to understand how informal enquiries are mandated under the HPCA Act, and the actual costs involved in managing these types of enquiries.

From previous discussions with the Pharmacy Council, during the 2023/24 APC fee consultation, we were aware that 766 (18%) of registered pharmacists had no professional support or robust mechanisms to receive consistent and appropriate information in order to undertake their roles and functions safely as a practicing pharmacist. At that time, the Council informed the Society that the complaints and notifications data "did not indicate any greater risk from this cohort, who may be not gaining appropriate professional support". Based on the increase of "new concerns" referenced on page 5 of the consultation document, can the Council confirm the number of pharmacists who do not have any form of professional support and if this cohort has contributed to the increase in both informal and formal "new concerns" in 2023/24.

The Society would also appreciate clarity from the Council around how pharmacists can be expected to maintain high standards of professional self-regulation if they are not receiving any professional support. It is our view that appropriate professional support may also mitigate potential risks to the public and directly impact on the rising workload of all Responsible Authorities. We would value the Pharmacy Council's thoughts on this.

THE PROFESSIONAL VOICE OF PHARMACY

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The costs of PCC and HPDT to the Council are concerning. It would be beneficial for the profession to understand if these external costs included the case related to Tramadol and appeal to the High Court.

Can the Council confirm they have included budgetary provision for any work around the Medicinal Products Bill, as this is not included in Appendix 1 (page 14). Can we assume any costs are covered under the HPCAA review and indirect legislative changes captured as part of same work stream?

Can the Council also explain how APC fees are being used to meet stakeholders expectations in the Information Technology space and their thinking or costs that are likely to be incurred as the result of rapid adoption of artificial intelligence? The Society has previously raised the opportunities and challenges with artificial intelligence in healthcare with the Council, especially since the Medical Council of New Zealand has already started work in this space.

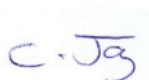
We have also received feedback from the membership regarding ongoing challenges with the CPD platform, which we would also be happy to discuss with the Council. We are aware that other Responsible Authorities have a variety of providers and platforms for the provision and recording of CPD. We are interested to understand why the Pharmacy Council decided to develop their own platform and ask that the cost for the development and ongoing management of this platform are shared with the profession.

The Council have compared their fees with other RAs who have a similar risk of harm profile. It would be helpful if there was more information about the methodology used. Was it related to HDC complaints, comparing data between RA's or using another method?

Council mentioned that "their costs do not move in the same way as those of a pharmacy business model which makes it impossible for them to set fees proportionate to the scale of pharmacists salaries". Is the Council planning to collaborate with the Dental and Medical Council in the future to see if these risks can be mitigated in some way and as a result costs to the profession reduce? Please can the Council explain any other efficiencies they have explored to reduce or maintain the current APC fee?

We look forward to the Pharmacy Councils consideration of our feedback and potentially revisiting the proposed increase in cost to pharmacists across the profession.

Yours sincerely,



Chris Jay
Manager Practice and Policy