



# Advancing future pharmacy practices through regulation

## Pharmacy Council Discussion Document

### What can the Pharmacy Council do to make the biggest difference for the public, pharmacists, and the health sector?

#### Introduction from our Chair and Chief Executive

The Pharmacy Council's purpose is to ensure New Zealanders can safely access the pharmacy care they need, when and where they need it, from a trusted and appropriately qualified practitioner. As pharmacy practice evolves, we are examining how our regulatory settings can better support pharmacists to deliver high-quality care in a rapidly changing health and technology landscape.

We support the work of the Pharmacy Sector Leaders Forum (PSLF) in achieving a profession-led vision and programme of work for the future of pharmacy. Our aim is to ensure that our regulatory tools are agile, enabling, and aligned with that vision, allowing innovation to flourish while public safety remains paramount.

The current health system is under strain, exacerbated by an aging population and health worker shortages<sup>1</sup>. Patients face barriers to timely access to trusted health advice, and pharmacists' full expertise is not yet being used across the health system. Bold, future-focused change is needed if we are to improve equity of access, strengthen interdisciplinary care, and make better use of emerging technologies and new models of practice.

We believe that the value pharmacists bring to patients across the health sector needs clearer articulation and stronger recognition.

---

<sup>1</sup> The [2025 Pharmacy Council Demographic Report](#) provides more information on pharmacist demographics in New Zealand. Information on New Zealand's population is available at [Stats NZ](#).

## What we need from you

This discussion document seeks your feedback on how, and in what sequence, we might adapt the regulatory levers to stay responsive to the profession while still upholding our statutory mandate to protect public safety. The Pharmacy Council can only work within the limits of the legislation – for example, while we know that staffing levels are a real pressure across the sector, we do not control broader workforce levers such as employment conditions, staffing, training placement, retention, and professional development.

By initiating these discussions, we hope to encourage others across the sector to explore new ways to demonstrate the value that pharmacists can bring to primary health care and make the bold changes within their control. Your insights will help the Council shape a regulatory framework that supports innovation, strengthens professional capability, and ensures the public continues to have confidence in the profession.

Ming-chun Wu  
Pharmacy Council Chair

Michael Pead  
Pharmacy Council Chief Executive

## Let us know what you think

You can give us your thoughts and feedback on one, some, or all, of the topics in this discussion document by completing [our online survey](#).

*(If the link doesn't work, please copy and paste the following into your browser:  
<https://www.surveymonkey.com/r/YWMR6F9>)*

Or by sending an **email** to [submissions@pharmacycouncil.org.nz](mailto:submissions@pharmacycouncil.org.nz).

We will also be holding **webinars** on each topic in early 2026 – check the Pharmacy Council website for more details.

**The survey closes on Friday 27 February 2026**

## About the Pharmacy Council

The Pharmacy Council is responsible for ensuring pharmacists are competent and fit to practise in their profession, to keep the public safe. We exist first and foremost for the public.

Our work is set out in the [Health Practitioners Competence Assurance Act 2003](#) (the Act).

The Pharmacy Council does not receive any government funding. Under the Act, a Responsible Authority must fund its activities through the profession it regulates via an Annual Practising Certificate (APC) fee and disciplinary levy.

We have legal obligations to meet under the Act, but because our funding comes directly from pharmacists, we believe it's important for pharmacists to help guide our work programme when possible. This will ensure we are focusing our efforts and resources on the work that brings the biggest benefit to the public and the profession.

## Our regulatory levers

We can use specific regulatory levers to support and enable public safety, pharmacist best practice and innovation within the pharmacy sector, both proactively and reactively.

These levers are not the only tools available. Regulatory solutions are important but are needed only when other non-regulatory solutions do not fully address the risk to the public. Regulation should be the last resort to avoid a potentially rigid and costly option that could have been better managed by other means.

The regulatory levers we currently use are:

- **Scopes of Practice**
  - Scopes of practice describe the health services that a practitioner has the training and competence to provide.
  - The three scopes of practice are intern pharmacist, pharmacist, and pharmacist prescriber.
  - To practise within these scopes the practitioner must meet the requirements for registration and hold a practising certificate.
- **Competence Standards:**
  - Pharmacy Council is responsible for setting the standards of clinical competence, cultural competence, and ethical conduct to be observed by pharmacy health practitioners.
  - Statements can be used to enforce standards and expectations for specific practice context, for example, the principles for quality and safe prescribing practice.
- **Recertification:**
  - Setting requirements for annual recertification is one mechanism provided by the Act to ensure pharmacists' continued competence.
  - These requirements can be modified and directed towards higher risk-associated practice or key areas of practice, for example, competence for delivering new services.

- **Compliance and notification:**

- The Council can make inquiries if notified that a pharmacist may pose a risk of harm to the public by practising below the required standard of competence, being unfit to practise because of a physical or mental condition, or due to unethical practice.
- The Council can then order an assessment or investigation to establish the concern and if necessary for maintaining standards, apply remedial action and/or explore proactive solutions where trends become evident.

- **Qualifications and accreditation**

- These two tools are closely linked, as Pharmacy Council has been tasked with:
  - setting the qualifications required for scopes of practice within the profession, and,
  - for that purpose, accrediting and monitoring educational providers and degrees, courses of studies, or programmes.
- Council does not determine what should be taught by education providers and does not set the qualifications if not directly related to entry into a scope of practice.

## Aims of the discussion document

We want to broaden the discussion and respond to some of the issues we are hearing about, so we've put together this discussion document to explore options, help us focus on opportunities, and get direction about which changes will be of most benefit to the public and pharmacists.

The document sets out some options for change, identifies the implications and some of the pros and cons of each option, and describes some possible next steps.

It's important to note that this is not a formal consultation document – at this stage we are still exploring possible options and are not tied to a particular approach. Any initiatives identified will need further engagement and/or consultation.

We are keen to hear your thoughts on the topics we've identified to help us inform our thinking and prioritise our work – what will make the greatest impact, what should we focus on first, and how can other organisations get involved.

In your response, we encourage the profession to focus on the future rather than the current state, to keep in mind what their community needs, to be bold and expansive, and to clearly define the excellent value that pharmacists bring to the health sector.

## Topics

The topics covered in this discussion document are:

- **Statement on innovative practice** – An example of the work we've already completed, and what could come next to make it successful.
- **Registrations pathways** – Some options for reducing registration requirements to increase the workforce in the short-term.
- **Expanded roles via scope endorsements** – Considerations for using endorsements to recognise specialist practice beyond the pharmacist scope.
- **Prescribing** – Options for how to clarify and confirm the different levels at which pharmacists can prescribe.
- **Regulation of technicians and pharmacy accuracy checking technicians (PACTs)** – Considerations for regulating the technician workforce.

## Topic 1: Statement on innovative practice

### Key points

- The Pharmacy Council has developed a statement on innovative practice to support pharmacists to develop and deliver new services within the existing pharmacist scope of practice.
- We want to know if this statement will be useful and what further information is needed.

### Background

It is not reasonable or necessary for pharmacists to seek permission from the Council to endorse specific new services. Therefore, the Council has developed a statement and further information to support the clinically and culturally safe development and delivery of new services within the pharmacist scope of practice.

We have highlighted key aspects to consider when expanding services, including defined benefits, understanding of risk and mitigation, quality and safety, and service implementation.

You can find a copy of the statement [on our website](#)<sup>2</sup>.

### Next steps

The Pharmaceutical Society of New Zealand (PSNZ) and the Pharmacy Guild are supportive of the statement and will be developing additional guidelines for the statement with a practice (rather than a regulatory) focus.

We would value your feedback, which we will also pass on to PSNZ and the Guild if it is relevant to the practice guidelines:

- Do you think the statement fits the intended purpose?
- Would it be more effective if it was modified in some way?
- How can the Pharmacy Council support this statement further?
- What information would be useful to include in the practice guidelines?
- Should the statement be used more extensively to support other aspects of your work?

---

<sup>2</sup> If the link doesn't work, please copy and paste the following into your browser:  
<https://pharmacycouncil.org.nz/wp-content/uploads/2025/12/Statement-on-Innovative-Practice-Sep-2025.pdf>

## Topic 2: Registration pathways

### Key points

- The Pharmacy Council is looking at short- and longer-term options to increase the number of pharmacists working in New Zealand.
- Changes to registration pathways will likely lead to more pharmacists entering New Zealand, a greater reliance on overseas trained pharmacists, and increased supervision requirements.
- The Pharmacy Council can only impact registration pathways - addressing the workforce challenge will need the sector to look at every aspect of training, recruitment, and retention.
- We want to know if our proposed changes will make a difference, what issues or considerations we should be aware of, and what else we could be doing to increase the number of domestic and international pharmacists working in New Zealand.

### Background

Workforce pressure is probably the number one challenge for pharmacists in New Zealand right now. There is worldwide competition for health workers, and every part of the pharmacy sector needs to be doing their part to make sure that domestic and overseas trained pharmacists are keen to stay working in New Zealand.

Modelling provided by Health NZ indicates that while there has been steady growth in the pharmacist workforce, to maintain the current pharmacist-to-population ratio, an additional 90 pharmacists (on top of the current intake) will need to enter the workforce each year. Achieving this, or increasing numbers above status quo, will take deliberate effort across the sector.

The Pharmacy Council is responsible for setting the qualification requirements to enter scopes of practice. There are three pathways:

- **The graduate pathway** for New Zealand and Australian graduates to be registered in the intern scope, with requirements to complete the Intern Training Programme and pass the Assessment Centre examination prior to registration in the pharmacist scope.
- **The Recognised Equivalent Qualification Route (REQR)** for pharmacists with a recognised qualification gained in the UK, Ireland, USA or Canada who have passed the Competency Assessment of Overseas Pharmacists (CAOP). These pharmacists can then be registered in the pharmacist scope with conditions (supervision and a law and ethics interview).
- **The non-Recognised Equivalent Qualification Route (non-REQR)** for pharmacists qualified outside of New Zealand, Australia or the above listed REQR countries. These pharmacists must meet the entry requirements which include passing the Overseas Pharmacist Readiness Assessment (OPRA) exam and the New Zealand Pharmacy Legislation Course. They can then be initially registered in the intern scope with requirements to complete the intern training programme and Assessment Centre prior to registration in the pharmacist scope.

## **Changes to registration requirements**

We recently completed a project investigating the options available to bring more pharmacists into New Zealand. Registration requirements are one tool we can use to increase the flow of pharmacists into the profession to help address current shortages.

As outlined below, we are considering adjusting registration requirements because some of our requirements for overseas trained pharmacists are out of step with other jurisdictions and can add significant cost and time delays for people wanting to work here. However, we stress that addressing the workforce challenge will need the sector to look at every aspect of training, recruitment, and retention.

In the first instance we are considering making changes to attract more REQR pharmacists to New Zealand. These pharmacists have trained and worked in environments similar to New Zealand and are ready to work. The changes we are considering making in 2026 include:

- Broadening the eligibility of the REQR pathway to include pharmacists who have completed their pharmacy degree in a non-REQR country but have been registered and have worked in REQR countries.
- Removing the CAOP requirement, as this is viewed as an unnecessary step and poses an additional cost barrier.

Some other policy changes we are looking at include reducing the time pressure for non-REQR applicants to meet the registration requirements and removing any unnecessary steps for people looking to return to practice after extended periods of absence.

We expect these changes will lead to a small increase in registrations. The Council could explore more substantial changes to registration pathways if the pharmacy profession agreed that these would be beneficial. Some options include:

- **Further increasing the pool of eligible pharmacist for the REQR route** – including assessing other jurisdictions for comparability
- **Enabling faster and more affordable registration for some non-REQRs**, by potentially removing the requirement to complete the intern training programme. This could be achieved through either:
  - **establishing a new pathway** for some non-REQRs with lower registration thresholds, or
  - **establishing a new limited or provisional registration scope** that could enable a lower registration threshold with fewer requirements into a restricted scope. This could be used for some non-REQR and return to practice applicants.

## **Implications**

Further changes to these registration pathways will likely lead to more pharmacists entering New Zealand – subject to labour market demand. This would lead to a greater reliance on overseas trained pharmacists, and increased supervision requirements to be met by the sector.

Changes to registration pathways will not affect the number of New Zealand graduates and is unlikely to address the challenges relating to retaining pharmacists.

There are also other potential options available. The Act is permissive and enables the Pharmacy Council to consider any initiatives that will yield competent future registrants. We can work with education providers who present new models of delivery. For example, an integrated practice-based pathways (apprenticeships) model could allow students to complete their qualification while employed in a pharmacy practice. This could potentially include technicians wishing to upskill.

## **Considerations**

### Potential benefits

- Changes to registration pathways would have immediate impacts to bring more pharmacists into New Zealand and have more pharmacists in work sooner.
- Overseas pharmacists are often mid-career pharmacists with extensive experience. This can positively impact the sector.

### Potential negatives

- Any reduction in requirements for overseas trained pharmacists may pose some risk to patients, which needs to be balanced appropriately. In addition, we need to ensure all pharmacists are culturally competent to practice in New Zealand.
- Changes to registration pathways alone will not necessarily provide pharmacists in areas where the need is the highest, for example rural areas.
- Sustainable workforce change is dependent on a range of factors, and simply increasing the number at the top of the funnel does not address underlying issues, including retention.

## **Next steps**

The Pharmacy Council is keen to hear from pharmacists, overseas-trained pharmacists, pharmacy owners, patients, and professional associations about this topic.

We would value your feedback:

- Do you agree with the short-term changes aimed to increase the flow of REQR pharmacists through broadening eligibility and removing the CAOP requirement?
- Do you think that changing the non-REQR pathway in New Zealand would assist with the current workforce shortage?
- What issues or considerations should we be aware of when looking at reducing requirements for registration from overseas applicants?
- Do you agree with the positive and negative considerations? Are there other considerations that are not included in the list?
- What else could be done to attract more pharmacists to work in New Zealand?
- Are there other actions to address workforce shortages that the Pharmacy Council should be looking at?

## Topic 3: Expanded roles via scope endorsements

### Key points

- The Pharmacy Council has three scopes of practice, with the pharmacist scope of practice covering every type of pharmacist (except interns and pharmacist prescribers) at every stage of experience.
- There are benefits and limitations to this approach. One proposed solution could be implementing scope endorsements. This could address the limitations without adding the increased cost and regulatory burden of additional scopes of practice.
- We want to know whether introducing a framework for endorsements would be beneficial, what we should consider if progressing this work further, or whether it would be more effective to increase the number of scopes of practice instead?

### Background

The Pharmacy Council currently has three scopes of practice: intern pharmacists, pharmacists and pharmacist prescribers. This means that the pharmacist scope is very wide, covering every type of pharmacist (except interns and pharmacist prescribers) at every stage of experience.

Historically, the Council has set the safety boundaries around the entire profession and expected pharmacists to practise safely and competently within those limits. The only exception to this was introducing a new scope in 2013 for pharmacists to prescribe, as there was a higher level of risk associated with prescribing.

This approach has allowed pharmacists to move across disciplines throughout their career, providing different services without having to register in different scopes. However, it does not recognise experience, career progression, or specialisation.

As new and emerging roles develop and become embedded, and the public needs greater clarity about what pharmacists can do to support their health, new options could be considered to recognise competence. If there is interest from the sector and the public, the Council could develop a framework that guides recognition of some roles by endorsing pharmacists' scope of practice.

### Implications

There are several ways to recognise specialist practice. Some do not require regulation and are used in other countries and by other health professions in New Zealand. These include accreditation, credentialling, or college-based recognition. Regulatory options include developing new scopes of practice or using endorsements to recognise specific skills and specialisations.

There is precedence for using endorsements in New Zealand. For example, the Paramedic Council have set one scope of practice for paramedics but also describe the additional qualifications and experience needed to achieve the Critical Care, Extended Care and Intensive Care endorsements.

Developing endorsements could fit the pharmacy sector as there is a broad, entry-level scope, with risk emerging from expanded use of specialist services. Endorsements could also be less onerous than setting separate scopes of practice.

This topic is in the very initial stages of exploration, and we will respond to sector interest and feedback about whether to progress. Any further work in this area would need significant input from practitioners with the relevant expertise.

We do not have a current view about which roles could benefit from formal endorsement, but we propose to develop a framework to describe an alternative mechanism for recognising higher-risk specialised practice.

We expect endorsements would be sparingly applied to roles and specialisations that require a higher-level of assurance. Examples include enabling new prescribing options for pharmacist scope of practice, or when new risks become evident as existing roles are more widely adopted, such as general practice pharmacy and clinical roles in hospital pharmacy.

### **Example:**

If it became evident that risks were emerging because of more pharmacists working in general practice, further safeguards would be demanded and required.

If Council was to set endorsement for this role, (e.g. 'General Practice pharmacist'), it would include describing the nature of the role and setting the qualification, practice standards and experience required for the endorsement. Only pharmacists with an endorsement could fulfil the defined role and the endorsement would show on the public register entry for these pharmacists. Those currently working in general practice could apply to be formally recognised from their qualifications and experience (a grandfathering clause) for a limited period.

### **Considerations**

#### Potential benefits

- Endorsements allow for recognising specialised practice without creating multiple scopes and can more quickly adapt to patient needs (for example, adding prescribing rights or advanced interventions).
- Endorsements can assist the public to understand the role by standardised titles and descriptors, allowing people to access the specialised support they need.
- Endorsements support recognised career progression and may reduce ambiguity for recruiters.
- A framework that describes the role of endorsements for ensuring and recognising competent pharmacists would allow the Council and profession to establish a mechanism with clear and consistent policies, processes, and guidance for specialist endorsement.
- Endorsements can be implemented more quickly than scopes of practice to respond to workforce changes and describe additional specialist qualifications or practice areas.

- Endorsements can serve as an interim step towards determining which established specialisations could become discreet scopes of practice.

#### Potential negatives

- The Act does not specifically define endorsements, which could lead to a lack of statutory clarity and confusion of what is legally permitted.
- Currently, various Responsible Authorities apply endorsements differently, so additional endorsement frameworks could risk uneven governance and unclear national standards.
- Patients may not understand the difference between scopes and endorsements, and this could risk inadvertently reducing access to care.
- Implementing endorsements will result in added administrative costs for the Council. These costs are likely to increase APC fees.

#### **Next steps**

The Pharmacy Council is keen to hear from pharmacists and pharmacist prescribers, pharmacy owners, patients, and professional associations about this topic.

We would value your feedback:

- Would introducing a framework for endorsements be beneficial?
- What things should the Pharmacy Council consider if progressing this work further?
- Do you agree with the positive and negative considerations? Are there other considerations that are not included in the list?
- What current or future roles or specialisations would benefit from being endorsed?
- What type of qualifications or training would people need to undertake to achieve a named endorsement?
- Would it be more effective or fitting to increase the number of scopes of practice instead?

## Topic 4: Prescribing

### Key points

- Internationally, pharmacist prescribing applies at different levels, from equivalence to New Zealand pharmacist-only prescribing to advanced independent prescribing.
- Widening this prescribing authority can safely improve access to medicines and ease the burden on the healthcare system.
- The Pharmacy Council believes there is untapped potential for prescribing to expand and progress in New Zealand, but to support this we need to find out more about what is needed by patients and how pharmacists want prescribing to work.
- We want to know what changes to prescribing would make the greatest impact on patients, and what supports and guidance would pharmacists need to be able to prescribe safely and accurately.

### Background

It has been shown in other countries that expanding prescribing authority to other healthcare practitioners can safely improve access to medicines and ease the burden on the healthcare system. In New Zealand and internationally, pharmacist prescribing is applied at different levels, from pharmacist-only medicines prescribing to advanced independent prescribing.

Pharmacists began prescribing in the United Kingdom in 2003 and recent data shows that 36.7% of registered pharmacists have prescribing authority there.

Pharmacists in New Zealand with a relevant qualification, specialised clinical knowledge and experience are prescribing in medical practices, hospitals and other facilities. Currently, only 2.4% of registered pharmacists have this authority, which is granted on registering in an additional scope of practice, the [pharmacist prescriber scope of practice](#).

We believe there is untapped potential for prescribing to expand and progress in New Zealand, but to support this we need to find out more about what is needed by patients, what the service definitions are, and how pharmacists want prescribing to work. When we have this information, we can start to determine the regulatory and non-regulatory measures needed to ensure public safety.

The relative autonomy afforded to current prescribers reflects their specialised knowledge and experience, but as demonstrated overseas, prescribing can be expanded to less specialised practice with other safeguards in place.

Expanding and establishing prescribing beyond what is currently allowed in the pharmacist scope of practice will take time, as different requirements such as planning, training, funding, and monitoring are needed to embed the changes in practice.

Understanding how prescribing by pharmacists can improve access to medicines, describing the different prescribing levels and the likely upskilling needed, is a crucial first step in explaining how pharmacists can further serve patients' needs.

We have identified four categories for pharmacist prescribing, summarised as:

- **Minor ailment, protocol prescribing for self-limiting conditions.** An example of this category is the current New Zealand arrangement, where prescribers are enabled by reclassifying medicines and using standing-orders (e.g. Maverit™ supplied by a trained pharmacist for treating Hepatitis C, and antibiotics supplied using standing order arrangements for rheumatic fever prevention).
- **Long-term conditions, dose adjustment, monitoring of outcomes, medicine optimisation.** These prescribers can possibly focus on areas of high need, supported by protocols, supervision or other oversight arrangements, guidelines, and shared information arrangements. This option is not available for primary care in New Zealand, although some hospital-based pharmacist prescribers practice at this level.
- **Managing pharmacotherapy for known diagnosis,** initiating, adjusting, continuing and monitoring. These prescribers work as part of a collaborative health team in their area of speciality. Prescribing at this level requires oversight, which will vary according to clinical experience and practice context. Current New Zealand pharmacist prescribers operate at this level.
- **Independent advanced prescribers.** These prescribers can manage complex patients' needs, are competent in a wide range of assessment skills, and exhibit insight into their limitations and refer patients to other health professionals when necessary. Experienced pharmacist prescribers in New Zealand do not have the level of autonomy associated with this category but have the competence to manage this level of complexity.

### **Implications**

We will need changes in legislation and regulations to enable further prescribing. However, effective regulation needs clarity on the intended applications of prescribing for pharmacy services. The profession must determine its vision for prescribing and propose the service models that the health sector should adopt to best meet patients' needs to safely access medicines.

Recently we participated in an initial meeting of sector advisors and prescribers to consider how pharmacist prescribing could be more widely adopted. Work has started on developing a framework that describes the prescribing continuum to guide future development.

Currently, New Zealand pharmacist prescribers are within the last two categories described, depending on their clinical knowledge and practice experience, although currently all work within a collaborative team. They currently are 'designated prescribers' as defined by [regulations](#), and, if competent to do so, can prescribe medicines within a specified list of 1722 prescription medicines.

Authorised prescribers under the Medicines Act 1981 (nurse practitioners, optometrists, dentists and registered midwives) do not have a separate prescribing list, but their respective responsible authority sets the requirements to ensure they only practice within their expertise. If authorised status was enabled for pharmacist prescribers, we anticipate working with the profession to define the last two categories further.

If the profession and the wider health sector define other prescribing delivery models (based on the first two categories listed above), Council would dedicate further resourcing to define practice

requirements. We anticipate that prescribing for these categories would fall under the pharmacist scope of practice and could be recognised via an endorsement.

## **Considerations**

### Potential positives

- Patients have wider and more timely access to the medicines and support they need, particularly in currently underserved areas.
- More clarity for pharmacists about the different levels of prescribing, particularly within the pharmacist scope of practice.
- Greater recognition of people operating in the pharmacist prescriber scope of practice, and more alignment with other primary health practitioners.

### Potential negatives

- Increased prescribing has the potential to increase the risk to public safety, which will need to be monitored and mitigated. System-level changes are needed to support new service models (e.g., information sharing) and minimise fragmentation of care.
- Wariness or lack of knowledge may mean medical colleagues do not fully utilise pharmacist prescribers' skillsets.
- There is limited uptake of pharmacist prescriber training in New Zealand as the demand is unclear.

## **Next steps**

The Pharmacy Council is keen to hear from pharmacists and pharmacist prescribers, pharmacy owners, patients, and professional associations on improving patients' safe access to medicines through pharmacist prescribing.

We would value your feedback:

- Do you agree with Pharmacy Council's approach for enabling future prescribing?
- Alongside the sector work, what else about prescribing should the Pharmacy Council be considering?
- Do you agree with the positive and negative considerations? Are there other considerations that are not included in the list?
- What changes to prescribing would make the greatest impact on patients?
- What supports and guidance would pharmacists need to be able to prescribe safely and accurately?

## Topic 5: Regulating technicians and PACTs

### Key points

- Pharmacy technicians and pharmacy accuracy checking technicians (PACTs) are not registered as health practitioners. There have been calls to regulate this group in line with other international jurisdictions.
- The Pharmacy Council has previously explored regulating PACTs, but at the time it was clear that the benefits did not outweigh the costs, and pharmacist supervision was seen as sufficient mitigation to risk of harm.
- Regulation could provide role clarity and a career pathway for technicians, help with professional recognition, and allow them to do more within the pharmacy.
- We want to know whether regulating technicians and PACTs should be a focus for the Pharmacy Council, and what support regulated technicians and PACTs might need from employers, professional associations, and education providers.

### Background

Pharmacy technicians and pharmacy accuracy checking technicians (PACTs) are a crucial part of the current workforce. This group is not registered as health practitioners, and there have been calls to regulate pharmacy technicians and PACTs, in line with other international jurisdictions.

Currently, technicians and PACTs work under the supervision of a registered practicing pharmacist, who maintains responsibility for patient safety.

We have previously investigated the feasibility of regulating PACTs, but at the time it was clear that the benefits did not outweigh the costs. Regulation is needed when there is no other mechanism to mitigate risk of harm, and the supervision was viewed as sufficient mitigation.

Part of the difficulty of potential regulation is determining exactly what should be regulated. International research has indicated that it is not easy to describe the technician role as it is so diverse. The role disparities between primary and secondary sectors also affects the understanding and acceptance of the workforce itself. Additionally, the activities performed by technicians carry different levels of safety risk.

It is unclear whether technicians and PACTs are currently being used to their full potential, and there is the possibility that some roles may be constrained because a pharmacist is reluctant to give up relevant responsibilities. Hierarchical structures may also prevent professional leadership and joint accountability.

A Canadian study has identified that more work is needed to identify financially viable and sustainable practice models that integrate regulated technicians into the workforce. The Canadian experience has also revealed that integration of regulated pharmacy technicians is often inconsistent and limited due to identified knowledge and skill gaps.

The Pharmacy Council remains neutral as to whether to regulate the technician workforce. However, regulating technicians and PACTs would include a significant amount of work, including

setting the qualifications required, accrediting education providers, developing the scope (or scopes) of practice and the competence standards. Therefore, before we start on the process of regulating technicians, we would need clarity on what roles and activities would be within the scope of practice, and to which roles regulation should apply (e.g. all technicians, hospital technicians, and/or PACTs).

### **Implications**

Regulating technicians and PACTs could free up pharmacists' time by removing the need for supervision, allowing pharmacists to move from behind the counter to more patient-facing roles.

It could also provide role clarity and a career pathway for technicians, help with professional recognition, and allow them to do more within the pharmacy.

The groundwork for regulation in New Zealand has been laid by the recent introduction of Physician Assistants.

### **Considerations**

#### Potential benefits

- Regulation can act as recognition and acknowledgment of the important role technicians and PACTs play within the pharmacy sector.
- It can increase job responsibilities, enhance autonomy, and deliver more positive outcomes, including higher job satisfaction and professional development opportunities.
- Regulation can assist with standardisation and career pathways.
- Regulation allows technicians to take on advanced roles (e.g., immunisation support, sterile compounding, inventory management), which can free up pharmacists for patient care.
- Research has suggested that technicians are more careful and produce less errors when undertaking final accuracy check.

#### Potential negatives

- Regulated professions are required to pay registration and practicing fees, adding an administrative and financial burden on the practitioners.
- Regulation places boundaries around a profession, which, if implemented rigidly, can stifle workforce flexibility and agility.
- Pharmacy owners would need to determine whether the additional costs of regulated technicians would be viable.
- Regulating technicians and PACTs reinforces the idea that regulation is mandatory to ensure patient safety, while there are a range of effective non-regulatory solutions that support safe service provision.

### **Next steps**

The Pharmacy Council is keen to hear from pharmacists, technicians, PACTs, pharmacy owners, and professional associations about this topic.

- What would be gained by regulating technicians and PACTs?
- How could it work in a New Zealand context?
- Are there any risks to regulating technicians and PACTs?
- Do you agree with the positive and negative considerations? Are there other considerations that are not included in the list?
- Is this work critical, or should the Pharmacy Council focus on other areas right now?
- What support might regulated technicians and PACTs need from employers, professional associations, education providers, and the Pharmacy Council?

## Let us know your thoughts

We are very keen to hear your thoughts about these topics to help us prioritise our efforts and resources.

You can let us know what you think about one, some, or all the topics, or if there's anything that we've missed.

You can give us your thoughts and feedback by completing [our online survey](#).

*(If the link doesn't work, please copy and paste the following into your browser:  
<https://www.surveymonkey.com/r/YWMR6F9>)*

Or by emailing [submissions@pharmacycouncil.org.nz](mailto:submissions@pharmacycouncil.org.nz).

We will also be holding webinars on each topic in early 2026 – check the Pharmacy Council website for more details.

**The survey closes on Friday 27 February 2026.**