Transcription – Pharmacy Council Webinar (Overview)
Thursday 29 January 2026

Welcome and karakia
Michael Pead: Greetings to all you early attendees. We're just going to pause for a couple of minutes. We know we haven't actually got the full attendance list, we're just waiting for other people to join, so just bear with.

Hey folks, I think we've, now hit over 20 attendees, so I think that's a sufficient number that will get going. It isn't the full number that have RSVP'd, but we'll get going.

Thank you for making the time available. You've joined the Pharmacy Council's webinar on the discussion document that's been released, and if you're comfortable, I will begin with Pharmacy Council's karakia.

Hoea te waka, kōkiri! Whaia te ihu, te pītau whakareia Mā ngā kaiwhakatere te waka E hīnana ki uta, e hīnana ki tai Takahia atu rā, tētē kura Hīkakahia ngā kaihoe e te kura Tēnei taha o te waka Tērā taha o te ama Kia hono, kia mau, kia ū Kōkirihia te ara ka tika, kia kotahi Haramai te toki Haumi ē, hui ē, tāiki ē.

Once again, greetings, everybody. Really appreciate you taking the time to join us today. [Pepeha]

Greetings, I'm Michael P, Chief Executive of the Pharmacy Council. We've also got today joining us Elaine George, Manager of Strategy, Policy and Practice, and Trish Farrelly, who is the Manager of Registration and Competence Assurance.

We really appreciate you taking the time to join us. Our intention here today, and sorry, in the interest of time, I'm not going to do a full introduction and go around the room, especially of this session, as this session is intended to be much more of an overview of the discussion document. The individual topic sessions, where we will, take the time to have more questions and answers sessions.

We are planning to leave quarter of an hour at the end of this one for questions and answers as well. Please put those in the chat. We're fortunate that you may have seen there's a couple of blank screens identified as Pharmacy Council. Kirsty and Liz, behind the scenes here, helping to look at those questions and answers as they come in, and we will monitor, if we've got a lot more, we will speak even faster and try and allow a bit more time at the end for those Q&As, to be addressed.

Agenda
Michael Pead: As you can see from the agenda, we're proposing, first to just cover off, about the Pharmacy Council and talk about our role. We think it's really important to set the scene in terms of

Many of you do know our role, but to reaffirm what our role is, and why we put… why we put this discussion document out, if you like, it has helped, by understanding our role.

We'll cover off what are the regulatory levers, and then we'll get into the specifics of the discussion document, and you'll appreciate how those

discussion topics, if you like, marry into what we refer to as the six critical regulatory levers that the Pharmacy Council gets to operate. And as I said, we'll allow a little bit of time for questions, and then give you some stronger understanding, if you haven't picked it up through our emails, on what are the next steps to the process.

The role of the Pharmacy Council

Michael Pead: So, as I say, a little bit about the Pharmacy Council. Our role, as many of you will appreciate, is defined absolutely by the Health Practitioner's Competence Assurance Act. Section 3 outlines our purpose, and Section 118 of that Act outlines 14 functions. Those 14 functions

We essentially have summarized into the six regulatory tools that Pharmacy Council has an opportunity to enable the profession to undertake its role, but equally protect the public.

And, if necessary, to the point that we may constrain at times.

We try to make sure, in our role, what we're always looking for is, what is the risk to public? What is the public safety issue that we need to help protect?

The member of the public that may be exposed to some form of risk from the delivery of your pharmacy service that you will provide.

In doing that, we follow Right Touch regulatory principles. The UK Professional Standards Authority is an authority that has set out, and has just recently refined those six principles, that are defined as the right touch regulatory principles, which, as you can see on the slide, are proportionality, consistency, targeting, transparency, accountability, and agility.

So, in applying any of our regulatory tools, we're trying to find that balance between ensuring that what we put in place is effective but not being unduly constraining. Ideally, it's enabling, maintaining its enableness, but equally ensuring that the public is protected.

One of the… and again, as I said right at the beginning, the importance of why we wanted to just touch on our role is recognizing that Pharmacy council's role, to a degree, is a follower. It's not the leader. So when we're putting the regulatory tools in place, we need to understand how you're going to deliver your pharmacy services. And you, of course, have had a thought about what is the consumer demand? And really importantly, what does the consumer really need? And then, how do you deliver to meet that delivery… sorry, that service requirement as specified by the consumer?

In applying that… once you've defined that delivery model, we're then able to understand where do we need to apply the regulatory tools.

So it's absolutely why we say pharmacy Council's regulatory tools are followers, rather than the leaders, necessarily, as such. And it's quite a subtle, understanding, again, that's really important to, appreciate in how we're applying, and why we are putting out this discussion document is very much that we need to hear what you're thinking the consumer requires, what you're thinking about in terms of your service delivery model. And in particular, we're challenging you to be thinking about that in the future, rather than the current state.

Thinking about that future state of your delivery, most importantly, because from Pharmacy Council's point of view, and you'll appreciate that putting in place regulatory tools is not an overnight task, it is something that takes time. And so we need to understand the future in order to be able to provide the regulatory tools, in a way that follows and enables.

And so it is really fundamental that we understand the future, and hence, we're looking for your views as to which regulatory tools do you think we need to be visiting, and potentially adapting and changing to meet the future that you have in mind for delivering your pharmacy services.

Regulatory levers

Michael Pead: The regulatory levers that I've effectively been alluding to, and as I said, they pivot off the 14 functions described in Section 118 of the Health Practitioners Competence Assurance Act. Those 6 regulatory levers are the scopes of practice.

As you all know, your scope of practice is defined by either you're in the pharmacist scope of practice, you're in the intern scope of practice, or you are a prescribing pharmacist, as defined by the prescribing scope of practice. And that scope of practice defines the area of service that you're able to provide.

Competence standards. We set the competence standards, and many of you will again appreciate. We introduced and brought into force last year, one April last year, a new set of competence standards. Those competence standards

Designed to set clinical competence, cultural competence, and ethical conduct that we expect you as professionals to observe. They are the expected standard, or the bar, if you like, of what is expected, and we are therefore required to enforce those standards to ensure that the profession meets that bar and operates within the bar, if you like, all the perimeters of those standards.

Recertification is another functional opportunity for Council. The recertification, if you like, is that opportunity for helping you assure us, and so that we can assure the public, that you have maintained your fitness and competency.

At the moment, we use continuing professional development as a form of proxy that you are ensuring

And finding and identifying where there may be gaps in your fitness and competency, that you are filling those gaps to help assure us that you are fit and competent, and you are maintaining that standard of delivery as expected, by yourselves in the first instance and as required by the consumer.

Compliance and notification, is, the element… is the functional element of Council where we are required to, work with those people that may not have been meeting the standards, expected, and ensuring that those people, I use the analogy, get back on the horse. We try to do that in a very supportive way of get back on the horse.

For those that may not be appreciating how seriously they've fallen off the horse, unfortunately, we then have to commission an independent professional conduct committee, and that committee then decides whether, for that consideration, for a more punitive action by the Health Practitioner's Disciplinary Tribunal.

We then, have two other, levers, qualifications and accreditation. We often, drop those together because they're so closely interrelated, but they are two tools. Obviously, the qualification is to meet the standard, what qualification is acceptable to meet that standard, to meet the scope of practice.

Accreditation is then intent… is the tool of us then looking at the education provider and being able to assure ourselves that that program is going to be delivered as expected, and, effectively turn out, appropriately qualified people to go on to whatever may be the next stage as such.

We don't get into what exactly is taught, if you like, by the education provider. So we don't get into the how. Once again, it's what is the qualification is what we're signing off on. We don't get into how the qualification is delivered as such. And so, therefore, again, the accreditation process is looking at the process and ensuring ourselves that the process is, meeting the standard.

Funding

Michael Pead: I thought at this point in time, and I'm very conscious that funding plays a really critical element in thinking about any of our regulatory tools.

Council has no direct influence or ability to control the funding of the profession as such. And so, what we would again encourage in this conversation is that we'd like to think that you think about it from the perspective of almost not worrying about some of those constraining elements. I appreciate it's a significant constrainer, and what is the funding drives behaviour. But I think if you think very much in that future state, I think it's really valuable that we first and foremost think about what the consumer wants.

How do you propose to deliver to meet the consumer desires? And then what is the regulatory tools that sits around that? And ideally, in time, the funding model and other levers that may be outside your control and Pharmacy Council's control.

We can collectively influence those to marry in with the model that you've effectively envisaged for the future. And so, your delivery model and the regulatory model go hand in hand, if you like, and then, ideally, we get the funding model that provides the incentives and the rewards to support that fundamentally in the future. And we all get to play a part in influencing, those parties that have the ability to control such a tool, if you like.

Discussion document

Michael Pead: I'm now going to pass over to Owain to talk about the discussion document itself, and how the topics of the discussion document in the first instance align with those six regulatory tools that I've alluded to.

Owain George: Thank you, Michael. So the discussion document covers five areas of possible work, or work that's already been taken, that would benefit from further feedback from you as to the way, the future for these tools. The statement of innovative practice, we've released that with the discussion document, and this is to support the competence and professional standards within a particular practice context, to support pharmacists who are thinking of developing new services, and to know their obligations under the standards.

The work associated with registration pathways does, impact on, prescribed qualifications and other registration policies.

The expanded roles by the scope endorsement is really a focus on the scope of practice itself, but rather than following a new scope, looking at possibly enhancing the scope for some specialities, as is required by the public and by the sector generally.

Again, prescribing is looking more broadly than what we currently have. We have a pharmacist prescriber scope of practice. We believe that pharmacists can be involved in prescribing, as is shown, internationally, at different levels, according to clinical competence. And so we're looking at options, whether those are options for the current pharmacist scope or other scopes.

Which would also then lead to standards and qualifications, required to support practice.

And then the regulation of technicians, obviously, would require a new scope of practice, or possibly scopes of practice for some or all technicians, and we are very much sort of introducing this as a topic without any position ourselves, but wanting to hear more broadly about the future of technicians, and whether regulation is the right option for technicians.

Statement of innovative practice
Owain George: So the first topic on the discussion document is essentially looking at the statement on innovative practice. Hopefully some of you had an opportunity to look at it. It is a statement that is very much focusing on standards and good practice and setting out the expectations for pharmacists. It is meant to cover a range of different implementation, and so obviously we would not want to be prescriptive and say that you need to follow X, Y, and Z for every process.

Therefore, we think that it's important that, as pharmacists, that you have a set of practice guidelines to support your thinking, for your context, coming from a practice perspective. And we are pleased that the Society and the Guild are going to be developing work on the practice guidelines.

Obviously, we're keen to hear all your questions around the statement, how you think it's going to work, and all your questions will be useful in, one, understanding whether some of that information needs to accompany our statement, or whether it's the sort of information that could be covered by practice guidance.

We, obviously, we're keen to hear your experience, thinking about innovative practice, and… and how that applies to the statement, and vice versa.

So, yes, by all means, send us your feedback on the statement, so that we can make sure that the statement works as best as it can for the profession.

Next slide, and over to Trish.

Registration pathways

Trish Farrelly: Kia ora koutou, thank you everybody for joining. So I'm just going to, talk a little bit about the work that… and the thinking that we're doing about registration pathways. And I think that the regulatory lever that this most logically aligns with is qualifications.

We have got, some relatively, short-term things that we could achieve in this space, and the aim and the desire would be to, I guess, increase the number of pharmacists coming to practice in New Zealand. So that, we consider that the things that we're looking at, don't pose additional risk and have benefits for the profession. It's something that's happening internationally. All jurisdictions are thinking about how they can increase their pharmacist workforce, and it's not just pharmacists, it's also happening across other health professions nationally and internationally. So it's a… it's a fairly, hot topic, if you like, for all health professionals at the moment.

So, one of the things that we are doing currently is looking at what policy changes we could make, regarding the pathway to registration in New Zealand for some groups of overseas pharmacists to make that process faster, more efficient, and potentially less onerous. So one of the first groups that we're looking at is the… what we call the REQR, pharmacists, so that stands for Recognized Equivalent Qualification Route. So those are pharmacists who come from the United Kingdom, Ireland, Canada, or the… or the states.

One of the things that that group of pharmacists currently has to do before they can apply to come and work in New Zealand is they have to pass an examination called the CAOP, which stands for the Competency Assessment of Overseas Pharmacists. That's a, a test of their, ability to apply clinical knowledge.

That examination has been in place as a requirement for a number of years. We have come to the conclusion, that perhaps that's no longer necessary. There is cost associated, and there are some time constraints, because the examination is only offered three times a year by, the APC. So removing that, current requirement may make both the pathway to practice in New Zealand faster and more attractive. So that's one of the things that we're actively working to do at the moment.

The other things that we're looking at, the current requirements for people who, pharmacists who are attending to practice after a significant period away, we're looking at whether or not some of the steps, or the length of time currently required, in terms of supervision, and for some of those pharmacists, if they've been off the register 8 years, they have to complete the intern program. So we're looking at that to see how we can perhaps, shorten or the length of time, reduce the requirements without posing any risk to the public. So it's about balancing that up.

And the other thing that we, are actively considering is how we can make the length of time it takes for a pharmacist from a non-recognised

equivalent country - so that's basically any other country than the ones I mentioned before, plus Australia - to come onto the register in New Zealand. And so we've already done quite a lot of work in that space to, to make the process less linear, so people can complete steps in different order. And one of the things we are considering is whether enabling the pharmacy legislation course to be done concurrently within the… at the beginning of the internship might help with the timelines, and there's also benefits, I think, in allowing people to contextualise their learning in an actual New Zealand practice setting. So that's the work we're doing in that space.

We've got some longer-term, things that we're considering, and these are potentially, more complex.

The first set of options that I've outlined are probably relatively straightforward for us to achieve in a reasonably, short period of time. The longer-term options will take a little bit more time. There's a bit more complexity, there's, you know, legal issues that we have to look into around prescribed qualifications, etc. One of the things we're thinking about is how we could increase the size of the pool of pharmacists that we regard as recognised equivalent.

Currently, one option we have is to say, if you're… if you're registered in an equivalent country, if you come from any other country, if you originally qualified there, we are now going to say, if you're registered in the UK, we'll regard you as, equivalent, so that's something we're working on.

But we could also look at which other countries we think are similar to us in terms of the quality, of their, of their training and the type of practice that is, undertaken by pharmacists. One obvious, option, seems that to us would be Singapore. That's certainly something I think that Australia has been thinking about as well, but there may be other options, and we could also potentially look at not just the, the regulatory regime and training in a particular country, but we could perhaps even take it to degree-by-degree recognition, which is something that happens in, as I understand it, other health professions like medicine and dentistry. But these things would take more time and more consideration. So I guess what we really want to make sure is any of these things that we're considering, what's… what's your idea of the priority or the urgency of these things, and what do you think we could do that would be the most useful, to the pharmacy profession in New Zealand? So that's why we've included registration pathways in the discussion document. Is there one more slide? I think there might be.

This, I guess the pros of doing this work is, as I've said, workforce. So we are looking, to increase the number of pharmacists that we have available in the workforce. That will mean, I believe, if we are going to follow the path of other overseas jurisdictions, which would mean that, we will end up having a greater reliance on overseas trained pharmacists in our workforce. And there's also potential that if we remove some of the current requirements there may be an increased requirement around supervision in the workplace as people transition into practice. So those are things to be aware of. And so there are, you know, there are… the Pharmacy Council can do in this space, but it's going to take a sector-wide view of this issue to make sure that, that pharmacists, new pharmacists are supported to come in into the country.

What we want to know is, will these changes make a difference? So, what do you think about what we're proposing, the things we're currently working on? Is there something that we're missing? And most importantly, is there anything else that we should be doing? So, I really look forward to your feedback on this particular topic. Thank you.

Question
Michael Pead: Trish, Trish, we've just received a question that I think is relevant to address now. Somebody's asked, is Australia intending to remove the CAOP exam?

As far as we understand, we certainly discussed it with Australia, because as you'll probably all be aware, under Trans-Tasmin mutual recognition, there's a relatively free flow, across the Tasman in both directions, so we wouldn't want to do anything that would, in any way, be inappropriate. So, yes, as we understand it, they are considering the same. I believe that the evidence of 20 years of this exam being, being a requirement hasn't really demonstrated that this particular group of pharmacists pose undue clinical risk, and so I believe that APC has indicated that they could safely remove this exam without, you know, compromising the quality of the pharmacists, that will be attracting. So hopefully, we don't get massive numbers of, overseas pharmacists from those REQR jurisdictions, but we've certainly seen an uptick in the last year, and maybe… we hope that, removing some of these additional requirements may both speed up the process and make New Zealand an attractive destination for these pharmacists.

Michael Pead: So, thanks, Trish. Back to you, Owain.

Scope endorsement
Owain George: Thank you. So we've introduced the topic of scope endorsement, noting that we ourselves do not have a current position on whether we think we should be endorsing scopes, or whether we should be endorsing particular types of practice. We also recognize there are other mechanisms outside regulation that can equally and appropriately recognize specialist practice. But it may require development of resourcing and capacity capability elsewhere. So we thought that introducing this option was a way of getting feedback from the sector in terms of the need or not to recognize certain types of practice, whether that's something that reflects the expectations of the public, other health practitioners, the funders, the government, etc.

As you know, the pharmacy scope of practice is very broad. It has a very broad description, and the standards are set, really set, focusing on the entry-level requirements, but have some application that have to be extrapolated, obviously, for, the more specialized type of practice currently.

We have two scopes that are around that, obviously, with the intern scope being the training scope, but very much in the similar vein to the FAMSA scope. And then a further pharmacist-prescriber scope, specifically for those that are going to be prescribing and have designated prescribing rights.

There are benefits and limitation to our current approach. The benefits are that you have been able to expand your practice within the current description of the scope.

I have included an example in the discussion document that might help you understand why we might, be hearing from the sector that some sort of formalized specialization recognition is required.

The alternative, of course, is to add more scopes of practice. The endorsement option does seem to be more fitting currently where pharmacy is at as a profession, where specializations are relatively new and small numbers, and the flexibility that the adjustment option affords us over the more expensive and more, structured and rigid setting a new scope.

We think it's worth exploring this option. We don't see it being used, for all types of specialized practice. It does need to be linked to an additional risk of harm, or potential risk of harm. It potentially has a way of supporting career progression, but that certainly wouldn't be the primary focus for us. It would be fundamentally around risk management.

What we're proposing is, subject to the feedback, developing a framework that provides a little bit more detail around, the types of things that may or may not be included within an endorsement, the process for getting endorsement, etc. It may be that we have a high level of interest in a particular area, and that the framework is developed in parallel with creating that endorsement.

Some of the negatives, whilst there are three other responsible authorities using endorsements, the Act is not specific about this option. But the Act is enabling, and it does allow us to introduce this, and there are possibilities of the policy, people at the Ministry of Health [?] will be more explicit about endorsement in the future.

Okay, I'll go on to… so, from a feedback perspective, we would very much like to hear, whether you think this is something that's worth investing our time and resources. How do you think it would work in practice? What do you consider that does require endorsement? And is this a preferable option over scopes of practice?

Next slide.

Prescribing

Owain George: So prescribing has been very much a hot topic in the last year or so, and that's not just in New Zealand, it's been in many other countries as well. And when you look at pharmacist prescribing internationally, it is applied at different levels, and those different levels do tend to reflect the level of clinical competence that is required to deliver prescribing at that level.

There has been some work done already to think about what that might look like in terms of levels, and we have proposed some four initial descriptors of levels, that generally reflect the type of prescribing that happens.

Of course, in New Zealand, we've had several medicines that have been reclassified, and there are some overlaps with what other countries call prescribing that we are, supplying under the pharmacist-only medicine category, or prescribing except when a pharmacist is trained and also standing orders is being used more and more in certain pharmacies, so there are some overlaps. So whilst pharmacist prescribing might not be directly available currently for some levels of practice, there are some

other activities that may or may not have a future, or be alternative to prescribing.

It's been shown that expanding prescribing to the health practitioners does improve safe access to medicine.

Of course, there are some ups and downs around widening prescribing. From a positive perspective, it widens the access to medicines, it gives the recognition, to health practitioners that are able to supply medicine safely according to their clinical competence.

From a negative perspective, the more prescribers, the more different types of prescribers we have. So it does ask some questions around the fragmentation of care, and how those are managed, and system-level changes needing to happen in parallel to any changes that a profession and a regulator might carry on.

From a pharmacist-prescriber perspective in New Zealand, it has very much been limited in its uptake, and that in part is due to the funding that is directly available for prescribers. They've had to come up with local solutions and local funding to support their practice, and so there is very much a system-wide focus required, but from our perspective, we are looking to see what does the public need, and how does pharmacists potentially respond to that in terms of their clinical competence to be able to supply medicines?

So recognizing that we do have an untapped potential, we are keen to hear your views. I think it's important, as a profession, that the vision is coagulated, as it were, into clarity for those that have to make the decision at the ministry and at the funding level.

We know that prescribing is not just about changes to pharmacist council requirements. There are also legislation changes required. Prescribing currently sits under an authorized status or a designated status.

Pharmacist prescribers are operating under a list of medicines, and if a case needs to be made about including pharmacists at a different level of practice, then the Ministry needs to hear the business case for that, and where that fits in.

So we do want to hear from you what changes to prescribing you think would make a greatest impact on patients. And what type of support and guidance do you think is required? Does it require a separate scope, do you think? Does it require more people in the prescriber scope, or does it require an endorsement on the current pharmacist scope?

Regulating technicians and PACTs
Michael Pead: Thanks, thanks, Owain.

The other, area of discussion that we've introduced to the document is, once again, we're interested in, this has been, on the, I guess the horizon for a number of years now is whether we should be regulating technicians and pharmacy accuracy checking technicians. As you will… many of you appreciate, at the moment technicians are not registered as health practitioners. And from a risk point of view, regulatory risk point of view, we think the risk for patient harm from the work of technicians is mitigated by the supervisory role of the pharmacists in respect to that activity.

However, we appreciate the calls to regulate, and we think it is timely that if the profession, again, believes this is a priority, that we should be considering regulation, we're looking to hear your thoughts in that regard.

As I've alluded to, we have… Pharmacy Council has previously explored the issue of regulating, and at that time, we felt the risk was appropriately mitigated, i.e., the benefits of regulating did not outweigh the costs of regulation in our view. But once again, we're happy to revisit that.

In particular, if you think about, we do appreciate, that there are benefits from regulation as much as there are, some costs or negative elements to, regulating technicians.

If you think about the benefits, we think about regulation can act as a recognition and acknowledgement 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. It can assist with standardization and career pathways.

It does allow technicians to take on advanced roles, e.g. immunisation support, sterile compounding, inventory management. We can free up pharmacists for patient care.

Research has suggested that technicians are more careful and produce less errors when undertaking final accuracy checks.

The downsides to regulation is that regulated professions are required to pay for registration and practicing fees, adding an administrative and financial burden on yourselves as practitioners.

Regulation places boundary 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.

So, we really do appreciate there is pros and cons, and hence we would really value your thoughts as to, once again, whether this is an area of priority in the eyes of yourselves, and therefore something you would suggest that the Pharmacy Council needs to focus more attention on.

We would really like to hear whether you think regulating technicians and PACs should be a focus for the Council, and what support regulated technicians and PACs might need from employers, professional associations, and education providers. Your thoughts around those topics would be really valuable.

[EDIT]

Closing
Michael Pead: Okay. I think I'm getting a sense that we're slightly ahead of schedule, but I'm not going to drag it out. I'm going to suggest that we draw ourselves to a close. So, in terms of closing, next steps.

Look, we really value your thoughts, and so we'd really encourage you to make a submission. The email address is up on the slide now, and you would have seen it in the emails.

The survey does close on Friday the 27th of February. We've made it a long period. We appreciate this is a really busy time, both for the beginning of the year and for pharmacy services. We really appreciate, you taking the time in such a busy period, but we'd really value if you can make a submission. Or again, we really encourage you to work with any of your professional associations.

We are meeting, separately with all professional associations, executive and any members, that those associations wish to draw in. And we know the Society, for example, is also running a survey process to help in further informing and providing feedback. Whichever forum or mechanism you choose, we'd really value your input. As you all know, there are a number of separate sessions for each of the topics being arranged.

This session, as I alluded to right at the beginning, as it was intended to give you the overview of the discussion document and so much more of a discussion, whereas the more specific topics, we're hoping and assuming the numbers permit.

We're hoping we're going to be able to enable a much more… almost like we're all in the same room, and we can have a real Q&A debate, if you like, on a number of the issues around those specific topics.

So, really encourage, if you've got the time, to join in some of those topic sessions as well. I am conscious, we did flag in our emails, that we are recording this session. We have indicated that we intended that for internal purposes, but I would be interested to know if anybody disagrees, and I'm very conscious Q&As that you've put into the material is not recorded as such. We have it here internally, but it doesn't sit in the recording.

If any of you that have attended this session disagree with that, please email us in the next 24 hours to let us know, and we will not do that. But we are currently considering the value of making this presentation available so that people can watch it at your leisure if you wish to repeat, and all those that have been unable to attend, for whatever reason.

So please let us know if you do have an issue. Otherwise, once again, thank you very much, I appreciate, it's a really busy time for you, and I equally appreciate that many of you are obviously taking time out of your day to do this, and I know, and I hope you also appreciate that we are offering some evening sessions, to try and, marry in with, commitments, for yourself. So, once again, thank you so much. I will now ask

As we opened with a karakia, I'm going to ask Trish to close with the Council's karakia.

[ends]