OTHER COMMENTS AND INFORMATION

In late 2025, the Pharmacy Council released a discussion document to help us inform our thinking and prioritise our work. The document set out options for change, identified the implications and some of the pros and cons of each option, and described some possible next steps. We asked for feedback from people and organisations in the pharmacy sector.

While we received useful feedback on the discussion document topics, we also received information that was either outside the Council's remit or not related to the specific topics. We have gathered that information together and included either the next steps or our response to the feedback.

Topic 1: Statement on innovative practice

Overview

- Further guidance is needed to ensure the statement is fully understood.
- Practice information should come from sector organisations as the subject matter experts
- The concept of innovative practice may need to be introduced into training

Examples

- *[The statement] could be improved by adding practical examples, simple risk-assessment steps, and clearer guidance on documentation, collaboration, and cultural safety.*
- *Need learning modules online. Not having to go to university to obtain accreditation. Eg do PSNZ training courses*

Responsible organisation/s

- The Pharmaceutical Society of New Zealand (PSNZ) and the Pharmacy Guild

Next steps

- Council to share information from the discussion document responses with the professional organisations to assist them in developing guidance.

Topic 2: Registration pathways

Overview

- There is consensus that registration pathway reform alone cannot fix workforce shortages.

Examples

- *We need to make it more favourable for the current domestic graduates to remain in New Zealand, and not for them to practice overseas. It is hard to recruit and retain these pharmacists as they are wanting better future and better remuneration as pharmacists.*
- *The future pharmacist workforce requirements need to be determined first. Although there is an immediate shortage of pharmacists, it is uncertain how any pharmacists will be needed for the future in say 5-10 years. Need to determine if there would currently be a shortage of pharmacists if there wasn't the problem of failure of retention because of dissatisfaction with current roles? Will this change rapidly if pharmacists don't leave the profession at the same rate?*

Responsible organisation/s

- Professional organisations
- Pharmacy Sector Leaders Forum (PSLF)
- Ministry of Health and Health New Zealand

Next steps

- A sustainable solution must focus equally on recruitment, retention, career development, funding, workplace wellbeing, and long-term workforce strategy. This will require a coordinated response from the entire sector.
- Council can do help by things such as changing registration requirements, streamlining pathways, expanding eligibility for the REQR pathway, and removing some requirements for pharmacists returning to practice. These can make it easier for pharmacists to get into the profession but does not assist in making them stay in the profession.
- A vision for pharmacy will describe the value that pharmacists bring to the health system and clarify the roles pharmacists can hold. This vision can then be used to create a clear career framework, career development, and dedicated support / mentoring/ leadership development for early career pharmacists that helps them build a sense of professional identity, including representation in governance. Additional funding should follow when pharmacy can articulate this value proposition. We acknowledge the work the Pharmacy Sector Leader's Forum is doing in this area.
- For overseas pharmacists, particularly from non-REQR countries, there needs to be additional support to integrate into NZ communities, and the Pharmaceutical Society is reviewing this.

Overview

- There is caution against lowering standards for non-REQR applicants without strong evidence and robust safeguards.

Examples

- *This issue should never be viewed as a solution to easing workforce shortages. Sure, it is appealing as an easy fix to that issue, but there are inherent unforeseen consequences -lack of cultural competency amongst such applicants, increased pressure on supervisors, and dare I say it, a temptation for employers to lower standards to fill their vacancies.*

Responsible organisation/s

- Professional organisations
- Ministry of Health and Health New Zealand

Next steps

- Our focus will always remain on maintaining standards and ensuring that all pharmacists entering the pharmacist scope of practice are competent and fit to practice.
- Some overseas pharmacists, particularly from non-REQR countries, may need additional support to integrate into NZ communities, and the Pharmaceutical Society is reviewing this.

Overview

- More support needed for overseas interns

Examples

- *Overseas applicants require a lot more support to get up to speed - this puts a lot more pressure on an already stretched workforce and system. Making this decision in isolation of other enablers to make this an effective proposal is setting up the overseas registered pharmacists - particularly those from non-REQR countries - to fail.*
- *Knowing two pharmacists who went through this route and one intern who is currently taking this route, I feel like the current pathway for the non-REQR pathway should not be relaxed. If anything, I think more support needs to be given via this route.*

Responsible organisation/s

- PSNZ
- Other professional organisations
- Universities

Next steps

- For overseas pharmacists, particularly from non-REQR countries, there needs to be additional support to integrate into NZ communities. Additional support could include increased pastoral care, closer supervision, or even a separate bridging programme tailored to international students.
- Preceptors for this group should be given additional training and better/different assessment tools to improve the reliability of workplace-based assessment.
- The Council will continue to review non-REQR pharmacists and may need to make policy changes if there is clear evidence that this cohort is performing well below the standard of NZ graduates.

Topic 3: Expanded roles via scope endorsements

Overview

- The responses were deeply divided about introducing scope endorsements. There was agreement that the problem must be clearly defined before any further work is done in this area.
- As there was no clear direction from the sector on the need for or benefit of endorsements, the Pharmacy Council has no plans to progress the work at this stage.

Topic 4: Prescribing

Overview

- A clear consensus on what is meant by prescribing in each scope needs to be agreed

Examples

- *The whole definition of what we mean by 'prescribing' and 'diagnosis 'needs re-evaluation. I believe that certain types of prescribing can be accommodated within the Pharmacist Scope of Practice (minor ailments, defined long-term conditions), while the Pharmacist Prescriber Scope should become an Authorised Prescriber role reserved for pharmacists prescribing in complex situations and requiring additional experience and qualifications.*

Responsible organisation/s

- Professional associations
- PSLF prescribing working group

Next steps

- Work is already in progress by the PSLF to establish a unified sector position on the future pharmacist prescriber pathway.
- The group will need to agree on the definition of independent prescribing, the sequencing of any rollout, and what support (including funding) pharmacist prescribing would need from the rest of the health system.
- Council will share information from the discussion document responses with the PSLF to help them progress this work. We can also support this work by ensuring any regulatory supports are appropriate and without compromising public safety.
- The heightened demand for access to prescribing services means it is timely for the Council to review the current prescriber scope of practice. Succinct descriptors of prescribing scopes can help to clearly signal to consumers the experience and advanced practice of the pharmacist prescribers. Any potential changes will be developed and consulted in conjunction with pharmacist prescribers, members of the public and the wider health sector.

Overview

- Need a clear understanding of how prescribing will fit in the wider health system, and how it will be funded appropriately

Examples

- *There remains low uptake of pharmacist prescriber numbers in New Zealand. Once again, this boils down to funding. It can take up to ten years to become a pharmacist prescriber, making it a long and expensive training pathway. Pharmacists have often had to fund their own training, find local solutions to develop their practice, and are not adequately compensated for this additional skillset.*
- *For any such model to be impactful, the system-level integration and funding settings will need to be addressed. In particular, the ability of community pharmacy to deliver these services at scale will depend on funding alignment, access to appropriate clinical information, and clear governance arrangements.*

Responsible organisation/s

- Professional associations
- Health New Zealand
- PSLF prescribing working group

Next steps

- The PSLF has formed a working group to support the progression of pharmacist prescribing across the full continuum, including community, hospital and general practice settings in New Zealand. There is a need for understanding the how pharmacist prescribing will fit within health system and the value it will offer to the New Zealand public. The role that pharmacist prescribers aim to fulfil will need to be defined.
- The group will need to agree on support (including funding) that pharmacist prescribing would need from the rest of the health system. Repeat themes include funding models to support pharmacist prescribing services, IT access to ensure safe prescribing decision and professional peer support/ mentoring.
- Clearer pathways, more consistent education, and better system integration to ensure prescribing adds value without compromising safety, equity, or the already stretched workforce. This will require a coordinated response from the entire sector.

Topic 5: Regulating technicians and PACTs

Overview

- Over-regulation risks include increased costs and administrative burdens and reduced workforce flexibility.

Examples

- *I am not a technician so I can't speak on their behalf. But in the current environment I am not sure what is to be gained as it will drive up the compliance costs on the sector. I think that your efforts are better spent in creating mechanisms that can help the professional body to register technicians and PACTs and jointly provide a professionally led-regulatory framework.*
- *As they are not regulated, if anything happens a lot of it just falls onto the pharmacists, but if it may help reduce a lot more errors if they are regulated so that they are more accountable for the work they produce.*
- *I am not sure there is any real gain. Possibly increased responsibility and liability on the tech/ PACT. However, the increased cost of regulation, and the likely pressure to increase salaries for a regulated occupation seems a bad idea, especially in the current financial climate.*
- *Nothing. It's already well regulated. Stop trying to clip the ticket.*

Responsible organisation/s

- Professional organisations

- Health New Zealand

Next steps

- Mandating technician regulation (such as registration requirements, education and competence standards) may impose significant costs, while alternative approaches could better enhance the recognition of technicians and PACTs.
- Any proposed changes would benefit from a staged approach, possibly by focusing initially on hospital technicians to assess whether formal regulation is required or if improvements can be achieved through employment policies. Health New Zealand is well placed to determine how technicians can be most effectively deployed within the hospital system to maximise their contribution. Council will share information from the discussion document responses with Health New Zealand to help them progress this work.
- The current legislative framework requires pharmacy technician dispensing and compounding of medicines to be under the direct supervision of a pharmacist[1], so any regulation would require legislative change.
- We suggest that the professional organisations, technicians, Health New Zealand and the Ministry of Health continue to work in this area, and if health profession regulation of technician is needed, Council is very willing to be involved.

Topic 6: Other comments

Workforce pressures and pharmacy sustainability

- Widespread concern about pharmacist shortages, long working hours, and burnout.
- Some responses suggested reducing the number of small urban pharmacies and encouraging larger ones to ease staffing pressures.
- However, there was also criticism of large corporate pharmacy chains and their impact on workforce, professionalism, and pharmacy viability.
- Many urge the Council to advocate for better funding and remuneration, arguing this is essential for safe staffing and retention.

Examples

- *Pharmacy in New Zealand is at risk of collapse into an abyss, the council has a role in encouraging pharmacy and pharmacists to reach their maximum scope of potential as well as protecting the public. Without your help there may not be a pharmacy in the future*
- *The pharmacy council has completely failed New Zealand pharmacy by allowing the illegal entrance into New Zealand of big box pharmacy*
- *Regulatory reform should prioritise clarity, proportionality, and workforce sustainability. Without addressing retention, remuneration, and career satisfaction, changes to entry pathways alone will not resolve current challenges.*
- *Advocacy and remuneration/resourcing are critical elements*

Notes and next steps

- The Pharmacy Council can only impact registration pathways - addressing the workforce challenge will need the wider sector to look at every aspect, such as training, recruitment, and retention.
- The Council's statutory authority is confined to the Health Practitioners Competence Assurance Act 2003. Our primary mandate is to protect public safety by ensuring that pharmacists are competent and fit to practise. While the Council may support sector-wide efforts to encourage change at a government level, we do not have an advocacy role and are not involved in funding or commercial decision-making.

[1] Medicines Regulations 1984 | New Zealand Legislation

Regulatory culture and trust in the council

- Some feel the Council's approach lacks trust in the profession, is overly bureaucratic, and limits autonomy.
- Others express appreciation for the Council's work, tone, and direction—seeing proposals as timely and positive.

Examples

- *Work with the sector to find ways to adequately fund the core function of community pharmacy. Stop being an adversarial bureaucratic burden.*
- *I am delighted that this work is occurring. In general, the tone and direction of the discussion is encouraging and timely.*

Notes and next steps

- As noted in the discussion document, the Pharmacy Council's role is to remain responsive to the needs of the sector, rather than to lead or drive change.
- A clear and unified voice, supported by a strong sector-wide vision, will help ensure that funders, policymakers, and the public have a shared understanding of the value pharmacists contribute to the health system.
- We acknowledge the work of the Pharmacy Sector Leaders' Forum in advancing this objective. A well-defined vision also supports the Council in its regulatory role, enabling it to set appropriate boundaries for safe practice while ensuring the profession is effectively regulated and able to evolve.

Fees and focus

- Multiple comments highlight frustrations with increasing registration fees and the financial strain on community pharmacy.
- Others stress the need for the Council to advocate for adequate sector funding, even if historically seen as outside their scope.
- One submitter noted that there was no mention of compliance and notification in the discussion document

Examples

- *Keep the costs down, especially while community pharmacy is so poorly reimbursed.*
- *Pharmacy Council should work on improving their responsible stewardship and use of funding obtained through continuously increasing annual fees*
- *The discussion document identifies "Compliance and Notification" as a regulatory lever but does not include it among the topics for feedback.*

Notes and next steps

- The Council recognises that it is funded entirely by practising pharmacists and is committed to carrying out its statutory functions as efficiently and effectively as possible. We are also mindful of the increasing compliance costs faced across the whole health sector and actively seek to manage our resources responsibly while continuing to meet our regulatory obligations.
- Compliance and notification, along with all the other functions that Council undertakes such as prescribing qualifications and accrediting educational institutions, were not included in the discussion document as the Council already has a strong work programme in these areas. The purpose of the discussion document was to generate feedback from the sector on options for change, such as increased prescribing, rather than the work that we will continue to perform under the Health Practitioners Competence Assurance Act 2003.

Public safety and professional integrity

- Many emphasise that public safety must remain central, even during workforce shortages.
- Several note the Council must maintain high standards

Examples

- *The pharmacy council has an important role in enabling the profession to evolve while protecting public safety.*
- *Remember you are there to protect the public from us, and sometimes that means saying no - we need you to maintain a high standard for our profession. You can't please everyone!*

Notes and next steps

- The Council's statutory authority is confined to the Health Practitioners Competence Assurance Act 2003. Our primary mandate is to protect public safety by ensuring that pharmacists are competent and fit to practise, and this remains our focus in everything we do.