SUMMARY OF FEEDBACK

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.

The following is a summary of the submissions we received, by topic.

Topic 1: Statement on innovative practice

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.

Result: General support for the statement, with a clear requirement for operational guidelines

- Respondents supported the enabling, flexible nature of the statement and applauded the intent of encouraging safe, patient-centred innovation in pharmacy practice.
- Most respondents stated that for further detail including practical guidance, case studies, governance expectations, and examples would help to shift practice meaningfully.
- Guidance would need to be updated regularly to keep up with evolving practice.
- A recurring theme was the importance of public safety, competence, and evidence-based practice as the foundation of any innovation.

Topic 2: Registration pathways

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.

Result: Broad agreement that workforce shortages are primarily due to poor retention, low pay, and burnout, not regulatory barriers, and that easing pathways won't fix the core problem.

The responses showed diverse and strongly held views, but clear themes emerged

- Most respondents agreed that some changes could help increase the number of pharmacists entering New Zealand.

- Nearly all respondents emphasised that lowering standards risks harm, stressing the importance of ensuring cultural safety, English language proficiency, competence, and robust supervision.
- There was repeated concern that streamlining pathways must not compromise public safety, training quality, or long-term workforce sustainability.
- Feedback indicated some support easing REQR requirements, especially removing CAOP, for applicants from comparable jurisdictions.
- There was little support for lowering requirements for non-REQR pharmacists without extra safeguards.
- There was consensus that registration pathways reform alone cannot fix workforce shortages. A sustainable solution must focus equally on retention, career development, funding, workplace wellbeing, and long-term workforce strategy.
- Other solutions highlighted the need for better pay, improved working conditions, expanded scope (through better funded clinical roles and more prescribing pathways), and systemic workforce planning.

Respondents suggested other actions the Pharmacy Council could take in this area, including:

- Focusing on system-wide changes, such as improving recertification and reducing the administrative burden
- Reviewing the Assessment Centre, as there were concerns about fairness, transparency, and high fail rates
- Expanding the workforce by supporting technicians and Pharmacy Accuracy Checking Technicians, workforce planning, and sector advocacy *(note that these activities do not currently fall into the remit of the regulator)*
- Advocating for better funding, addressing burnout, and improving rural workforce incentives *(note that these activities do not fall into the remit of the regulator)*

Topic 3: Expanded roles via scope endorsements

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?

Result: 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.

- A significant number of respondents opposed endorsements due to fear of bureaucracy, cost, unclear purpose, and negative workforce impacts. Most opposition came from survey responses.
- However, others saw endorsements as a necessary evolution to support advanced practice, especially for prescribing. Most support came from organisational responses (though this was not unanimous).

- There were also mixed views on whether endorsements are preferable to new scopes, with many preferring endorsements for flexibility and fewer regulatory burdens.
- There was agreement that any endorsements should be broad, not overly granular, and aligned with existing practice patterns and advanced clinical roles.
- Concerns listed included fragmentation, workforce inequity, administrative burden, unclear boundaries, and implementing barriers that hinder workforce movement.
- Respondents placed strong emphasis on public safety, consistency, competency requirements, and avoiding unnecessary barriers or costs (particularly increasing APC fees).

Topic 4: Prescribing

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.

Result: The feedback strongly supports expanding pharmacist prescribing, if done safely and supported by robust training, governance, and information access. Funding was repeatedly identified as a major barrier to uptake.

- Respondents argued that expanding prescribing will only be successful if accompanied by:
  - Sustainable funding
  - Robust training and competency standards
  - Strong governance and access to patient information
  - Clear role definitions and workforce pathways
  - Deep commitments to quality and equity
  - Avoidance of fragmented care through better integration with primary care teams
- There was broad support for expanding pharmacist prescribing to improve access, reduce GP workload, and better utilise pharmacists' skills.
- However, many respondents were worried that expanding prescribing could worsen workforce shortages, as pharmacists may shift into GP teams or leave community roles.
- There was also acknowledgement that poor-quality prescribing could harm patients and worsen inequity if not well managed.
- Many respondents support increasing prescribing roles for minor ailments, dose adjustments/ medicines optimisation, and stable long-term treatments, but emphasised that
  - Prescribing must match the pharmacist's competence and environment
  - Strong clinical governance, supervision, and integrated records access are essential

- Many respondents endorsed a tiered model like nursing, suggesting minor ailment or protocol-based prescribing within general scope and advanced/independent prescribing for experienced clinicians.
- There were also multiple references to the UK model, with feedback saying NZ should modernise the curriculum, reduce multi-year postgraduate requirements, and streamline supervision and accreditation.
- Respondents want clearer pathways, more consistent education, and better system integration to ensure prescribing adds value without compromising safety, equity, or the stretched workforce.
- There was concern that current training pathways are too long, expensive, fragmented, and inconsistent between universities, creating barriers to uptake.
- A frequent theme that emerged was that pharmacists need more clinical exposure and assessment skills during undergraduate and postgraduate training to prescribe safely.
- Some argued that current pharmacist prescribers should become authorised prescribers with greater autonomy.
  - Other themes included:
    - Need for funding models to support pharmacist prescribing services
    - Need for IT access (lab results, GP notes, shared records) to ensure safe decisions
    - Calls for law changes to expand scope or allow funded emergency supplies

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Topic 5: Regulating technicians and PACTs

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 the support needed from employers, professional associations, and education providers.

Result: There was strong support in principle for regulation, however concerns about cost, workforce impact, and administrative burden are widespread. It was generally not seen as a high priority.

- Respondents generally agreed that regulating pharmacy technicians, especially PACTs, could improve patient safety, strengthen workforce sustainability, enable expanded technician roles, and free pharmacists for more clinical care.
- However, many argued that success depends on strong evidence of public safety benefits, adequate funding, well-defined, flexible scopes, clear training pathways, and alignment with wider health system reforms.
- There were cautions of unintended workforce consequences (such as techs being used to cover pharmacist shortages) and the risk of creating barriers to entry in an already stretched sector.
- Many respondents acknowledged that regulation alone will not free pharmacist time or directly improve outcomes, and that there may be legislative barriers to any change (for example, whether

regulating technicians would meet the 'risk of harm' definitions within the Health Practitioners Competence Assurance Act).

- While some respondents noted that this change could relieve pharmacist workload and allow pharmacists to work at the top of their scope, many others viewed the option as a distraction from more pressing challenges in the pharmacy sector and outside Council's core regulatory functions.

Topic 6: Other comments

- Respondents expressed broad support for the Council's intent to advance regulation to keep pace with evolving pharmacy practice and enable pharmacists to work to their full scope.
- Some also noted their appreciation for the Council's work, tone, and direction, and saw the proposals as timely and positive.
- Several submitters stressed the interdependence of the five topics, and many prioritised registration pathways and prescribing as having the greatest potential to ease workforce pressure.
- A recurring theme was that regulatory reform cannot occur in isolation from funding and commissioning, workplace conditions, and health system infrastructure.

Other themes from the comments included:

- Widespread concern about pharmacist shortages, long working hours, and burnout
- Tension between maintaining standards and increasing overseas recruitment
- Strong appetite for expanded roles and autonomous prescribing
- Desire for the Council to trust the profession and reduce bureaucracy, with respondents instructing Council to focus on Council's core purpose
- The need to advocate for better funding and remuneration
- Concerns about corporatisation and pharmacy sustainability
- Need for clearer guidance and more responsiveness to avoid confusion / grey areas
- Frustrations with increasing registration fees and the financial strain on community pharmacy
- The need for a clear roadmap with timelines and accountabilities and better communication on what is outside Council's remit, and advocacy to other system players

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