NEWSLETTER – September 2026

INTRO FROM THE CHAIR AND CE

Kia ora koutou

Following the direction we gathered earlier in the year from the discussion document responses, our focus this quarter has been on continuing to improve the various registration pathways people can take to work as a pharmacist in New Zealand, and on expanding prescribing.

The registrations pathway work is progressing at pace. In this newsletter you can find out more about the changes to the Recognised Equivalent Qualifications Route that have already been put in place, and what else is underway.

In August we met with the pharmacy schools, Health NZ's workforce team, the Ministry of Health and the Pharmaceutical Society of New Zealand to discuss how to ensure interns are supported by educators and preceptors to succeed in the Assessment Centre and to practice safely as independent pharmacists. Another meeting on this topic is planned before the end of the year.

The Pharmacy Council has started to develop a future Pharmacist Practitioner scope for advanced, experienced, autonomous prescribers. So far, a small working and advisory working group of experienced pharmacist prescribers has been selected to support Council's exploratory work to advise on advance practice as practitioners. Their experience will help inform the early development of a Pharmacist Practitioner scope of practice, recognising pharmacist prescribers who are operating at an autonomous and advanced level of clinical pharmacy practice. We will keep you up to date with this mahi as it progresses.

Expert advisory groups are a crucial part of the Pharmacy Council, and we rely on these members to provide real practice expertise across a range of areas. We currently have expressions of interest open for five separate groups, and we really encourage you to apply for these paid positions. You can read more below and check out the Vacancies page of the website for more details.

Ngā mihi
John Roberts (Chair) and Michael Pead (Chief Executive)

IMPORTANT FOR YOU TO KNOW

RESOLVING COMPLAINTS OR CONCERNS EFFECTIVELY

We know that receiving notice that a complaint has been made can be a stressful experience. While we have a responsibility to assess and respond to concerns brought to our attention, our approach is guided by a number of principles, including proportionality.

Many of the concerns received by Council relate to dispensing errors, communication issues, or other incidents arising in the course of everyday practice. We recognise that many of these concerns can be appropriately addressed through educative and supportive measures rather than formal statutory action. In fact, more than 80% of matters resolved during the first quarter of this year were addressed this way.

How do we assess what action to take?

Council's role is to assess whether any risks to public safety have been appropriately addressed. This includes understanding any learning arising from the incident and the steps taken to reduce the likelihood of a similar event occurring in the future, such as professional development, reflection, or any number of other quality improvement activities.

We know that the vast majority of pharmacists practise safely and effectively every day. However, when mistakes or concerns arise, constructive engagement with Council's processes helps us to make well-informed decisions. A genuine commitment to reflection, learning, and improvement is often key to achieving a timely resolution of complaints.

You can read more about what to do if a complaint has been made against you on the Council website.

THE IMPORTANCE OF PATIENT COUNSELLING

The recently publicised coroner's findings have highlighted the importance of reviewing and querying ongoing high doses of medications before dispensing, especially in cases where the maintenance dose has significantly exceeded the recommended maximum dose by Medsafe. Every interaction with a patient is an opportunity to check their health status and circumstances, particularly in the prescription and management of an uncommon and/or high-risk medication.

This is such an important issue that the World Health Organisation has made addressing noncommunicable diseases (NCDs) their focus for World Patient Safety Day on 17 September. Globally, 1 in 10 patients is harmed during health care, with around half of this harm being considered preventable. People living with NCDs are particularly vulnerable to harm due to the long-term nature of their conditions, ongoing treatment needs and frequent interactions with different parts of the health system.

Medicines can only achieve their intended benefits when patients understand how to use them safely and effectively. While dispensing accuracy is critical, pharmacists also play a vital role in ensuring patients receive the information they need to minimise harm, recognise adverse effects, and optimise treatment outcomes. Even for long-term medicines, counselling should never be overlooked, as patients' circumstances, understanding, and health status can change over time.

Some medicines require particular attention because of their potential for serious adverse effects, interactions, or impact on daily activities.

Medicines Requiring Dietary Advice
Certain medicines have clinically significant interactions with food and beverages. A well-known example is **monoamine oxidase inhibitors (MAOIs)**, such as tranylcypromine. Patients should be reminded to avoid foods high in tyramine, including aged cheeses, cured meats, yeast extracts, and some fermented products. Patients should also seek advice before taking over-the-counter products or herbal medicines.

Warfarin and some antibiotics also have notable food interactions that may affect treatment effectiveness. Counselling should include practical examples relevant to the patient's lifestyle and dietary habits.

High-Risk Medicines: Clozapine
Clozapine remains an essential treatment option for treatment-resistant schizophrenia but requires close monitoring because of serious risks, including agranulocytosis, myocarditis, severe constipation, and seizures. Pharmacists should reinforce the importance of regular blood monitoring and encourage patients to report symptoms such as fever, sore throat, chest pain, shortness of breath, or persistent constipation promptly.

Patients should also be reminded that smoking cessation, changes in caffeine intake, and some medicines can significantly affect clozapine concentrations, potentially leading to toxicity or loss of efficacy.

Drowsiness and Sedation
Many medicines can impair alertness and concentration, including opioids, benzodiazepines, sedating antihistamines, antipsychotics, certain antidepressants, and some antiepileptic medicines. Patients may underestimate the impact of these effects, particularly when starting treatment, increasing doses, or combining multiple sedating medicines. A simple counselling conversation can help patients recognise symptoms such as excessive sleepiness, slowed reaction times, dizziness, or impaired concentration, allowing them to take extra precautions.

Every Conversation Matters
Counselling does not need to be lengthy to be effective. A few focused questions and key messages can identify knowledge gaps, improve adherence, and strengthen the pharmacist-patient relationship. Every interaction is an opportunity to support safe, effective medicine use.

REGISTRATION PATHWAYS PROGRESS

In our last newsletter, we shared the results of the registrations pathways consultation and confirmed that Council will:

- Change the name of the Recognised Equivalent Qualifications Route (REQR) to Comparable Pathway and non-REQR to non-Comparable pathway
- Broaden eligibility for the Comparable pathway based on registration and practice in comparable jurisdictions rather than mainly place of qualification
- Remove the CAOP examination for Comparable pathway
- Remove the mandatory requirement for all pharmacists returning to practice after eight or more years to complete the ITP and pass Assessment Centre (with applications to be reviewed on a case-by-case basis and bespoke requirements instead)
- Update the Gazette to allow for the above changes to be implemented and remove reference to the Trans-Tasman Mutual Recognition Act 1997 and clarify the prescribed qualifications for UK pharmacist prescribers.

We are pleased to say that the Gazette process has been completed, meaning that from Thursday 10 September we no longer require applicants to complete the CAOP exam prior to applying for registration via the Comparable pathway.

Work is also underway on changes for broadening the eligibility criteria for the Comparable pathway. Supporting policy, application assessment criteria, IT systems changes, and operational processes are currently being developed. Until these changes are implemented, all existing eligibility requirements (other than the CAOP exam as noted above) remain unchanged.

We are also updating the Return to Practice policy, IT systems changes, and supporting documents. The current policy remains in effect until this work is complete. If you would like to return to practice after eight or more years and are planning to wait until the updated requirements are in place before applying, please email us to register your interest and we will contact you when the new policy is available.

There is a lot of work happening in this space, so please keep checking the website and newsletter for updates to the registration pathways.

OUR ENGAGEMENT JOURNEY

WEBSITE UPDATES

Sometimes it can be hard to keep track of changes to the Pharmacy Council website, and you may miss useful information. To help you keep current, we're adding a new section to the newsletter highlighting any recent updates.

Since July, we have:

- Updated the Vacancies page with five Expressions of Interest notices
- Added a banner to the Recognised Equivalent Qualifications Route page updating people about removing the CAOP exam requirement and the other work in this area.
- Added a banner to the Returning to Practice page letting people know about the changes to Category 4 return to practice
- Added a banner to the Pharmacists qualified in other countries page on 2 July 2026 explaining to overseas applicants that, due to the timing of the NZ Pharmacy Legislation Course and single point of entry to the Intern Training Programme (ITP), any applications received after that date would have to enrol in the 2028 ITP
- Updated the statement on telehealth and supply of pharmacy services over the internet
- Updated the Pharmacy Council requirements for hepatitis C medication without prescription
- Updated the Prescribing Principles document to include the Paramedic Council's adoption of the principles

And from Thursday 10 September we will be updating all references of REQR and non-REQR to Comparable and non-Comparable.

KEEPING YOU UP TO DATE

WANT TO WORK WITH THE PHARMACY COUNCIL?

Currently, the Pharmacy Council is looking for a wide range of pharmacists and other experts to join three different advisory groups or become a member of the Professional Conduct Committees or Programme Accreditation Team.

If you are interested in any of the following roles, you can find out more, and how to apply, on the Council's vacancies page

The Qualifications Advisory Group (QAG)
As a regulator, Council is responsible for setting prescribed qualifications for the purposes of registration in scopes of practice, accrediting programmes provided by individual providers offering prescribed qualifications and ensuring appropriate registration pathways are in place for pharmacists entering scopes of practice.

The QAG supports Council in its core function of setting prescribed qualifications. Members contribute their expertise and judgement to assist Council in ensuring qualifications it has (or may) set as prescribed qualifications for registration are suitable, fit for purpose, and support safe, competent and culturally responsive pharmacy practice.

Intern Assessment Advisory Group (IAAG)
Assessment Centre is a prescribed qualification for registration in the pharmacist scope of practice and is overseen by Council. This OSCE-style assessment, it plays a critical role in ensuring pharmacists entering the profession can demonstrate the knowledge, skills and professional judgement required for safe and competent practice.

The IAAG supports Council's oversight of the Assessment Centre by providing independent professional advice and recommendations on candidate outcomes where results fall within defined marginal ranges. Members apply their professional expertise and judgement to review candidate performance information and relevant assessment data, while also contributing to Council's ongoing assurance that Assessment Centre processes are fair, robust and defensible.

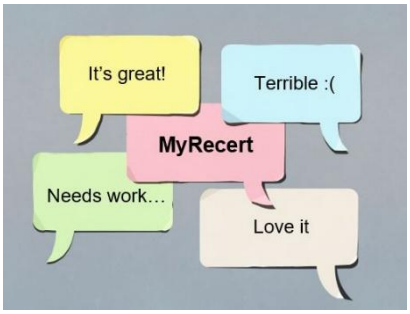
Professional Conduct Committee
Professional Conduct Committees are appointed by the Council to independently investigate complaints about registered pharmacists. Committees are made up of two pharmacists and one layperson, one of whom is appointed to act as convenor. A legal adviser and secretariat support the Committee in its investigation

Accreditation Advisory Group (AAG) and **Programme Accreditation Team (PAT)**
The Pharmacy Council of New Zealand is responsible for accrediting pharmacy education programmes and qualifications to ensure they meet the standards required for safe, competent and culturally responsive pharmacy practice.

To support this work, we rely on independent experts to provide advice, oversight and assessment across key accreditation and advisory activities in two distinct functions – accreditation advisory and programme accreditation.

MYRECERT REVIEW

We want to hear from you about MyRecert - what is working well and what needs to change.



The Pharmacy Council has commissioned an independent post-implementation review of the MyRecert recertification programme and is seeking input from a small sample of pharmacists across the profession. The review is focused on whether the programme is operating as intended and whether pharmacists are participating and using MyRecert in a meaningful way.

If you'd like to be involved, please send an email to enquiries@pharmacycouncil.org.nz with MyRecert in the subject heading

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VOLUNTARY BONDING SCHEME – REGISTRATIONS NOW OPEN

The Voluntary Bonding Scheme, run by Health New Zealand, rewards newly qualified health professionals who work where they are needed most. Those who register and are accepted within annual intakes can become eligible for payments after 3, 4 and 5 years of eligible service.

Eligibility
Pharmacists are eligible if they:

- completed their undergraduate pharmacy qualification in 2025 and have started an internship, or completed their internship in 2025
- work in a pharmacy or primary care practice in a rural or regional community setting.

Please note: This category is targeted to rural and regional communities across Aotearoa New Zealand and excludes the urban areas of Auckland, Tauranga, Hamilton, Wellington, Christchurch and Dunedin.

Find out more, and register your interest, on the Health New Zealand website. The registration of interest period will be open until Wednesday 23 September 2026 at 5pm.
