Your partner
in progress



TE POU WHAKAMANA KAIMATŪ O AOTEAROA | PHARMACY COUNCIL OF NEW ZEALAND

RESPONSIBLE AUTHORITY PERFORMANCE REVIEW REPORT SUBMISSION

The final report for this responsible authority's review is submitted to the Ministry of Health and the review was completed as below.

AUTHORITY NAME	Te Pou Whakamana Kaimatū o Aotearoa | Pharmacy Council of New Zealand
DATE OF REVIEW	11 June 2026 & 19 June 2026
FINAL REPORT DATE	16 July 2026

Review Team		
Name	**Role**	**Background**
Donna Gordon	Lead Reviewer	Qualified and experienced lead assessor and Registered Nurse.
Richard Tankersley	Bi-Cultural Reviewer	Qualified and experienced assessor.

Stakeholder interviews:	
Name/role/de-identified	**comments**
The practitioners were interviewed together: • Mrs C Mr O Mr S	The three practitioners as highlighted have three different backgrounds, with one having registered in 2006 and has been involved in Council committees in the past; the second is a NZ graduate and currently in the intern scope working in Health NZ; and the third an overseas trained pharmacist who registered through the Non-REQR (Non-Recognised Equivalent Qualification Route) and is also registered in the intern pharmacist scope. The non-REQR pathway was robust. Intern scope A time-limited scope (2-years), and all agreed is a required scope as it applies knowledge to practice. A 'preceptor' is required to support the intern. It is up to the intern pharmacist to find their own supervisor/preceptor. One practitioner reported it could be challenging to find a supervisor and that 'cold calling' which didn't really work. Hospital based internship was reported as being supportive

	and good preparation for transition into the pharmacist scope. Comments/improvements noted: Price of an annual practicing certificate APC price and where does it go Suggest large chains do not necessarily have ability to have the patient conversations.
Mrs A – education provider	There are two accredited programmes at the University – an undergraduate programme and a post graduate prescribing programme. Each programme is accredited – ie. two visits, two reports, two teams and two annual monitoring reports. Accreditation occurred last year. I have picked up annual monitoring requirements for the accredited programme/s. When I completed reporting for the first time, I had questions and when I contacted the secretariat I found them to be accessible, supportive and very good. In terms of improvement, it would be helpful if the timing of reporting is clarified earlier. General discussion regarding the Council's recertification requirements including critical reflection. Mrs A verified critical reflection is included as part of training programmes.

Responsible Authority Core Performance Standards Review Report

Authority Name	**Te Pou Whakamana Kaimatū o Aotearoa | Pharmacy Council of New Zealand**
Date of Review Report	**11 June 2026**
Name of reviewing Designated Auditing Agency	**BSI New Zealand**

Executive Summary

Te Pou Whakamana Kaimatū o Aotearoa \| Pharmacy Council of New Zealand (the Council) comprises eight members, consisting of two lay members and six registered practitioners (Council Members). Three new Council members were welcomed in January 2026 – two practitioners and one lay person. The Council is supported by a Te Tiriti Advisory Group, Chief Executive, and 15 staff. There are several operational committees and contracted advisors.

The Council regulates over 4,200 practising pharmacists. There is small growth in the profession, just under one percent (or between 100 – 200 practitioners) annually. Approximately a third of practising pharmacists work on a part-time basis, another third full-time and the remaining third more than full-time. The number of pharmacists per 10,000 population remains low relative to other comparable jurisdictions.

The Board's previous Regulatory Authority Performance Review was completed in 2021 and resulted in three recommendations.

Recommendation 1 (Function 1.3)

To continue to complete (currently part way through) setting up its own accreditation standards, structures, processes, and policies. This work will include cultural safety and an ongoing monitoring framework for annual reporting.

Since the previous review the Council has moved the delivery of accreditation from the Australian Pharmacy Council to the Council. This was supported through the development of the accreditation framework, including the development and implementation and publication of accreditation standards - Aotearoa New Zealand Accreditations Standards for Pharmacy Programmes (2023).

Recommendation 2 (Function 6.1)

To continue to evolve the clinical and cultural standards via the projects for Clinical Governance and Quality Improvement, Cultural Safety and health equity and the Prescriber Standards.

Since the previous review the Council reviewed the Competence Standards for Aotearoa New Zealand Pharmacists which came into force 1 April 2024. The standards have explicit reference to Te Tiriti o Waitangi in Domain 1. Competence standards for Aotearoa New Zealand Pharmacist Prescribers were published in June 2023 and outline additional requirements for pharmacist prescribers.

Recommendation 3 (Function 10.1)

To complete the recruitment of a specific health equity and cultural safety lead and continue the journey for improvement of health equity and cultural safety (embedded within a refresh of regulatory tools).

Since the previous review the Council has established a Governance Charter Governance Charter Te Pou Whakamana Kaimatū o Aotearoa (2023). The Governance Charter defines the principles by which the team want to work together. The whakatauākī was gifted to the Council by Dee Isaacs and was created as part of the development of the Council's charter.

The Council is reported as having made several significant improvements since their previous review including (but not limited to):

- Updated the Competence Standards (2023) with alignment to Te Tiriti entry level practice and contemporary expectations
- New pathway through Waikato University's MPharmPrac qualification
- Accreditation of education providers is now being delivered 'in-house' supported with the publication of Aotearoa New Zealand Accreditations Standards for Pharmacy Programmes (2023) and establishment of the Accreditation Advisory Group and Programme Accreditation teams. Structured annual reporting and monitoring has been formalised
- Review of the Pharmacist Prescriber Scope was undertaken 2024-2025
- Consultation on Return to Practice, Recognised Equivalent Qualification Route (REQR) and non-REQR qualification pathways
- Review of standard operating procedures and management of system risk
- Redesigned website content into plain language
- Embedded online recertification system (MyRecert)
- Structured triage and risk-based decision making and centralised case management system to manage notifications
- Publication of Governance Charter and Te Tiriti integration into governance and decision making.

The secretariat reports they are proud that since the last performance review they have continued to deliver against the functions of the Health Practitioners Competence Assurance Act 2003 (the Act) effectively and efficiently, whilst also making quality improvements.

The current review

The Council's Strategic Plan 2019 and Beyond identifies objectives and strategies:

- Understanding risk and competence
    a. Council will develop and maintain a comprehensive understanding of the work of pharmacists in relation to its impact on patients to identify and quantify risks of harm
    b. Council will develop and maintain a comprehensive understanding of the work of pharmacists in relation to its impact on patients to update competencies required for effective practice
- Proactive regulatory tools
    a. Council will apply regulatory tools proactively to mitigate identified risks of harm
    b. Council will apply regulation proactively to strengthen pharmacist competencies
- Reactive regulatory tools
    a. Council will deliver an appropriate regulatory response to notifications about pharmacists that present risk to the public
    b. Council will deliver an appropriate regulatory response to notifications of pharmacist' competence and fitness to practise at the expected professional standard
- Organisational capacity and capability
    a. Council will ensure it is effective and efficient, with the skills and capability to meet its regulatory obligation

The Council has three Scopes of Practice. Prescribed qualifications have been determined for each scope with the most recent update being made in January 2026 (Amendment to Pharmacy Council Scopes and Prescribed Qualification) where the Master of Pharmacy Practice was added leading to registration in the Intern Pharmacist scope of practice. Scopes of practice and prescribed qualifications are on the Councils website. All registered pharmacists are expected to meet the Competence Standards for Aotearoa New Zealand Pharmacists, and those registered in the Pharmacist Prescriber scope are also expected to meet the Competence Standards for Aotearoa New Zealand Pharmacist Prescribers. These revised competence standards came into force 1 April 2024.

Since the last review the Council decided to bring all accreditation matters back under its administration. From 2020 to 2023 a programme of work was undertaken to

design and implement an accreditation system for pharmacy education in Aotearoa New Zealand. Expert advice was provided by an Expert Advisory and Working Groups ensuring independent scrutiny and sector expertise was considered through the design process. Accreditation standards (Aotearoa New Zealand Accreditation Standards for Pharmacy Programmes) came into force 1 April 2024. An Accreditation Advisory Group is in place and reported as working well. Programme Accreditation Teams are appointed for each accreditation with defined composition expertise and roles. There are six accredited programmes including two leading to registration in the Pharmacist prescriber scope of practice. There are mechanisms in place where concerns are identified to ensure programmes continue to meet the accreditation standards. The transition to the Council's accreditation framework appears to have been seamless.

The Council maintains an accurate and publicly accessible register available on the website. There are four registration pathways – New Zealand graduate, Trans-Tasman Mutual Recognition Arrangement, Recognised Equivalent Qualification Route (REQR) and non-recognised Equivalent Qualification Route (Non-REQR). All pathways have requirements outlined on the website. Since the previous review the Council has made improvements to the application process improving both transparency and efficiency for example, applicants no longer need to request University transcripts for verification as these are now provided by the University directly to the Council. The impact has been reported as significant where annual non-REQR application volumes increased from around 20 per year in 2021 to 228 in the last calendar year.

The Council operates a standards-based recertification programme as a condition of annual practising certificate renewal which was introduced in April 2021. A preliminary evaluation of the programme was undertaken in 2022 that included practitioner feedback. The findings informed refinement to guidance materials and communication to the profession. An annual portfolio review using a standardised rubric is now embedded as a core component of ongoing competence assurance. A further review of the recertification framework is scheduled for this year.

There is information on the website about how to make a complaint / notification. Notifications are generally triaged within a week of receipt. Triage is a standardised process with operational documents in place to guide practice. Where significant concerns around practitioner competence are raised referral to the Competence and Fitness to Practise Committee (CFPC) can be made who may order a competence review. A competence review is typically undertaken at the pharmacist's workplace by two experienced pharmacists with any recommendations going to the CFPC for final decision making. The Council receive an estimated 90 health disclosures annually. These are generally received as a declaration during the annual practising certificate renewal process. There has been a slight increase in the health

assessment undertaken since the previous review – 1.25 in 2021 to 3.5 in the current year.

On 1 April 2024 the Competence Standards for Aotearoa New Zealand Pharmacists, and Competence Standards for Aotearoa New Zealand Pharmacist Prescribers came into force following stakeholder consultation. Culturally safe practice and Te Tiriti o Waitangi application are included in the competence standards applicable to all registered pharmacists. At the same time the Aotearoa New Zealand Accreditation Standards for Pharmacy Programmes came into force with cultural considerations woven throughout the standards. There is a Code of Ethics in place. All documents are on the Council's website. The Council's Te Tiriti Advisory Group is active and provide high-level advice to the Council on strategic matters.

Te Tiriti aligned

As reported in the Council's self-assessment, there has been continued progress on building the principles of equity, respect and Te Tiriti o Waitangi into the legal requirements of the practice of pharmacy. This progress can be seen across the Council and the secretariat. There are mechanisms in place, such as the Governance Charter, establishment of Te Tiriti Advisory Group, and relationships with key stakeholders, to ensure the Council continues to make progress against its priorities.

The bicultural review component included interviews with the Chair of the Te Tiriti Advisory Group, and with the Chief Executive to further test how Te Tiriti, equity, cultural competence, and cultural safety considerations are being applied in the implementation of Council's functions. These enquiries supported the view that Council has established meaningful governance, advisory, standards, accreditation, and recertification mechanisms. They also identified areas where implementation, resourcing, business intelligence, and assurance of impact continue to mature.

Conclusion

The Council demonstrated well-embedded processes and infrastructure to support its regulatory functions. The Council and secretariat showed a commitment to continuous quality improvement demonstrated in the improvements and initiatives implemented since the last review with highlights including:

- The development and publication of the Governance Charter
- Accreditation of education providers being delivered under the Council's administration
- Commitment to ongoing review, evaluation and strengthening of processes such as the recertification framework

Recommendations and improvements

Pharmacy Council of New Zealand | Te Pou Whakamana Kaimatū o Aotearoa has fully achieved all the core performance standards

Functions under section 118 HPCA Act 2003 and their related core performance standards

Purpose and requirements

Responsible Authorities are designated under the Health Practitioners Competence Assurance Act 2003 (the Act) to fulfil certain functions. An amendment in 2019 to the Act adding section 122A, required a performance review of all Responsible Authorities be conducted within three years of enactment, with subsequent reviews conducted at intervals of no more than five years. The Ministry of Health (the Ministry) is responsible for the facilitation of these reviews.

Performance reviews provide assurance to the Crown and the public that responsible authorities are performing their functions efficiently and effectively. This includes the assurance that: the responsible authorities are carrying out their required functions in the interests of public safety, their activities focus on protecting the public without being compromised by professional self-interest, and their overall performance supports high public confidence in the regulatory system.

Performance reviews will assess a responsible authority's performance against the full set of *Core Performance Standards*. These standards are aligned with the functions under section 118 of the HCPA Act. The Ministry may require review of additional aspects of Responsible Authorities' performance.

Risk management

Identify the degree of risk to patient safety and/or public confidence that is associated with the level of attainment the responsible authority achieves for each criterion. Review the 'risk' in relation to its possible impact based on the consequence and likelihood of harm occurring if the responsible authority does not fully attain the criterion. Use the risk management matrix when the audit result for any criterion is partially attained or unattained.

To use the risk management matrix, you need to:

1. consider what consequences for consumer safety might follow from the responsible authority achieving partially attained or unattained for a criterion, within a range from extreme/actual harm to negligible risk of harm occurring
2. consider how likely it is that this adverse event will occur due to the provider achieving partially attained or unattained for a criterion, within a range from being almost certain to occur to rare
3. plot the findings on the risk assessment matrix to identify the level of risk, and prioritise risks in relation to severity
4. approve the appropriate action the provider must take to eliminate or minimise risk within the timeframe. Note that timeframes are set based on full resolution of the requirement, which may include a systems change or staff training programme. Anything requiring urgent attention is identified in the report, along with any longer timeframe needed to make sustainable change.

The Risk management matrix uses a probability versus impact quadrant with the following risk categories: low, low-med, medium and high.

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
1.1	The RA has defined clear and coherent competencies for each scope of practice	The Council has three scopes of practice: - Intern Pharmacist - Pharmacist - Pharmacist Prescriber The most recent amendment to the 2014 gazette notice was January 2026 (Amendment to Pharmacy Council Scopes and Prescribed Qualification) amending the prescribed qualifications (adding Master of Pharmacy Practice) for registration in the Intern Pharmacist scope of practice. Each Scope of Practice is supported by Competence Standards for Aotearoa New Zealand Pharmacists and Competence Standards for Aotearoa New Zealand Pharmacist Prescribers. Revised competence standards were published 15 June 2023 (and came into force 1 April 2024) following consultation to ensure contemporary relevance. Competence standards are the foundational reference for: - Prescribed qualifications - Accreditation standards - Assurance of graduate competence - Competence assessments and programmes	FA			
1.2	The RA has prescribed qualifications aligned to those competencies for each scope of practice	Pharmacy Council's prescribed qualifications for entry into each Scope of Practice are detailed in the NZ Gazette Notice as above and on the Council's website. The prescribed qualifications are: Intern pharmacist: - Bachelor of Pharmacy, University of Auckland; or - Bachelor of Pharmacy, National School of Pharmacy (Otago); or - Master of Pharmacy Practice, University of Waikato[1]; or	FA			

[1] In July 2025 the Council consulted on the addition of a new prescribed qualification for entry to the Intern Pharmacist Scope of Practice – the accredited MPharmPrac degree offered by Waikato University. This was the first qualification of this type i.e. a two-year graduate entry master's programme, to be considered by Council, and the

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
		- Australian pharmacy degrees from Schools of Pharmacy holding either full or conditional accreditation from the Australian Pharmacy Council (APC) Pharmacist: - New Zealand and Australian Pharmacy Graduates o Bachelor of Pharmacy, University of Auckland; or o Bachelor of Pharmacy, National School of Pharmacy (Otago); or o Australian pharmacy degrees from Schools of Pharmacy accredited by the Australian Pharmacy Council (APC); and o successful completion of the Intern Training Programme of the Pharmaceutical Society of New Zealand (Inc); and o a pass in the Pharmacy Council of New Zealand (PCNZ) assessments (as prescribed)2 - Australian Registered Pharmacists – TTMR o Current registration with any one of the Pharmacy Boards of Victoria, New South Wales, South Australia, Tasmania, Australian Commonwealth Territories, Northern Territories, Pharmacists Board of Queensland, or Pharmacy Council of Western Australia; and o successful completion of the PCNZ Law and Ethics interview. - Recognised Equivalent Qualification Route (REQR) pharmacists o Holders of a pharmacy qualification from a country or jurisdiction recognised by the PCNZ (currently recognised countries are United Kingdom, Ireland,				

first pharmacy programme to be offered by Waikato University. Graduate entry master's programmes have been a prescribed qualification for registration as a pharmacist in Australia for some time. The Gazetting process was completed and the amended notice published on 13 January 2026.

[2] Passing the Assessment Centre (AC), a ten-station Objective Structured Clinical Examination (OSCE), continues to be a prescribed step for registration in the pharmacist scope. Each AC is validated through independent Psychometric testing to provide Council, the profession and the public with assurance regarding the reliability, defensibility and fairness of the examination. Council acknowledges the resource intense nature of OSCE assessment but still has advantages over other less objective forms of summative assessment. Council continues to mandate the AC in the meantime, in the absence of compelling evidence that there are more cost-effective forms of high stakes assessment that more reliably and objectively measure competence for registration as a pharmacist.

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
		Canada and the United States of America) prescribed requirements as listed in gazette notice Pharmacist Prescriber: - Postgraduate Certificate in Clinical Pharmacy in Prescribing, University of Auckland; - Or Postgraduate Certificate in Pharmacist Prescribing, University of Otago. <u>Improvements:</u> Council has been informed the Universities of Auckland and Otago are developing a new pharmacy qualification – a five-year master's degree which may incorporate the current intern year and allow students who complete a 6th year to graduate with a Pharmacist Prescriber qualification. Pharmacy Council is considering forming a Qualifications Advisory Group (QAG) to provide independent expert advice on these proposed qualifications, given the extent of the changes proposed. A QAG would bring subject-matter expertise that may not sit within Council itself and ensure Council is up to speed with emerging Pharmacy educational models. In addition, a QAG would complement existing Council capability while providing a deliberate layer of separation from operational and governance decision-making. This dual role strengthens both the depth of expertise applied and the overall rigour and defensibility of qualification decisions. While this function could be performed by the current Accreditation Advisory Group (AAG), clear separation would protect Council's authority under the HPCA Act, strengthen statutory decision-making, and avoid re-litigation of qualification standards through programme accreditation.				
1.3	The RA has timely, proportionate, and transparent accreditation and monitoring mechanisms to assure itself that the	*Accreditation Framework* From 2020–2023, Council undertook a programme of work to design and implement a contemporary accreditation system for pharmacy education in Aotearoa New Zealand including the development of Accreditation Standards, supporting guidance, and policy for the accreditation of New Zealand's undergraduate, intern, and pharmacist prescriber	FA			

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
	education providers and programmes it accredits deliver graduates who are competent to practise the relevant profession	programmes. This work drew on extensive research and benchmarking of both international and national accreditation models across pharmacy and other health professions, alongside deliberate consideration of the unique Aotearoa New Zealand context. The transition to an in-house model has enabled Council to tailor its accreditation approach, strengthen alignment with its statutory functions, and realise the benefits in terms of transparency, responsiveness, and contextual relevance. Expert advice on accreditation was provided by an Expert Advisory and Working Group (AE-WAG), ensuring independent scrutiny and sector expertise throughout the design process. Terms of Reference sighted. Development of the Accreditation Standards was completed in parallel with the Council updating the Competence Standards for pharmacists to ensure alignment. This integration ensures an end-to-end system linking education, competence, and practice expectations. The new accreditation standards (and guidance) were published on 15 June 2023 (and came into force 1 April 2024) following robust consultation. *Governance, decision-making and process transparency* In December 2023, Terms of Reference (sighted) were developed and expressions of interest sought from suitably qualified and experienced individuals for membership of the Accreditation Advisory Group (AAG). The AAG comprises six members - three senior Australian pharmacy academics, two NZ pharmacists / pharmacy academics and a non-pharmacist NZ expert on Te Tiriti, hauora Māori and health equity. This composition ensures both an international perspective and a strong grounding in local health priorities and equity obligations. The AAG held its first meeting in June 2024. Programme Accreditation Teams (PATs) are appointed for each accreditation, with defined composition, expertise, and roles (Terms of Reference sighted). All team members attend compulsory training at the start of the accreditation process supporting a consistent, high-quality and standardised approach to assessment. Providers have the right to challenge membership of the PAT if they believe a proposed member may be conflicted, reinforcing procedural fairness and trust in the process. Prior to the PAT in person visit, programme				

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
		providers are asked to submit a self-assessment against the Standards. The PAT may request further evidence prior to the visit. Lead in times for each step of the accreditation process are documented. The final decision on accreditation, including whether to impose conditions, make recommendations, or make commendations, has always rested with the Council. Decisions are informed by the final PAT report and AAG's feedback and recommendations on the PAT report. *Accredited programmes:* Council has successfully completed four accreditations to date: - University of Waikato MPharmPrac (new programme) accredited for 3 years to 31 October 2027 (no outstanding conditions) - University of Otago PGCertPharmPrac (revised prescribing programme, met threshold for full accreditation review) accredited with conditions to 31 August 2027 - University of Auckland (existing programmes) BPharm, BPharm(Hons) and PGCertClinPharm (Prescribing) reaccredited with no conditions to 30 June 2030 - Pharmaceutical Society of NZ Intern Training Programme (existing programme) reaccredited with conditions to 31 December 2028 A list of accredited programmes is published on the Council website. *Monitoring* Council undertakes annual monitoring via mandatory provider reports due at the end of April each year. Monitoring supports: • Identification of emerging risks • Tracking of conditions and recommendations • Ongoing assurance of programme quality. All annual reports are reviewed by AAG and feedback given to education providers. Due dates are set for submission of evidence to support removal of accreditation conditions				

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
		and laid out in the Accreditation decision advice letter. Due dates can be extended through mutual agreement.				
1.4	The RA takes appropriate actions where concerns are identified	The process for dealing with concerns about an accredited programme is laid out in the Aotearoa New Zealand Accreditations Standards for Pharmacy Programmes (2023): - If the public, professional associations, pharmacist employers or other groups have concerns about education programmes not meeting accreditation standards, these should first be directly raised and discussed with programme providers. - If this cannot be resolved, Council can be formally notified and the concern further investigated as appropriate. - The concern must be in writing, and if possible, provide details and evidence, to substantiate the concern. If further investigation is considered necessary, then the programme will be informed of the concern and requested to respond to the concerns raised. - In the review of the concern, the AAG and Council will consider whether the programme continues to meet the accreditation standards. The outcome of the review about a concern will be a decision about what action, if any, is necessary. This may include additional monitoring requirements such as a report, or a site visit interviewing stakeholder. If Council is satisfied with the response from the programme, then nothing further is required. The complainant and the programme will be advised of the outcome.	FA			
1.5	Reviews prescribed qualifications and scopes of practice (at minimum of once every five years)	Since the last review key changes have been: - Enabling pharmacists to expand their practice within the scope through innovative practice: Pharmacy Council position on innovative practice - Prescriber scope review in 2024/25 - Registration pathways project in 2025 - Prioritising regulatory work programme with the sector - Consultation on Return to Practice, Recognised Equivalent Qualification Route (REQR) and non-REQR qualification route pathways	FA			

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
		The journey to change: The pharmacist scope of practice describes the breadth of pharmacy practice and is permissive for allowing pharmacists to expand their practice and deliver new services. It was last amended in 2015 and 'administration of medicines' was added as vaccination services became available in pharmacies. This also allowed pharmacists to administer other medicines if competent to do so. Feedback from the consultation on the competence standards for pharmacists and pharmacist prescribers in 2022 suggested that the two scopes should be merged to allow all pharmacists to prescribe. The pharmacist prescriber scope had been developed for advanced practice, and it was not feasible to enable prescribing as a broad activity without linking to practice context and implementation and supporting clinical competence. Expanding practice within the scope often requires support from the profession (e.g., further training, development of practice standards and guidelines, mentoring etc.,) and Council frequently debates its position (including the need for regulatory intervention) when these options are not available. In 2025, Council released Pharmacy Council position on innovative practice to support pharmacists expanding their practice within the scope, if competent to do so. Two professional organisations (Pharmaceutical Society of New Zealand and Pharmacy Guild of New Zealand) have agreed to develop practice guidelines to support the statement. Changes to the competence standards strengthening expectations for applying Te Tiriti to pharmacist practice, Māori perspectives of health and wellbeing and cultural safety. The standards have a stronger focus on entry-level practice than previous iterations of Council's competence standards. This strengthens the expectations for training providers delivering prescribed qualification to demonstrate how they deliver competent graduates for accreditation. The standards promote the role of the profession in developing practice standards to support practice beyond registration. The review of the standards did not identify significant shifts within professional practice that warranted changes to the scope itself. However, a review of the pharmacist prescriber scope of practice was completed as when central funding for training became available and modified entry requirements to a prescribed qualification, Otago University-				

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
		PGCertPharmPrac. We engaged with key stakeholders setting out findings, noting that minimal changes were proposed to current regulation, but that some requirements could be lifted for more experienced prescribers. The Registration Requirements set out the expectations for prior clinical experience and we have modified these to accommodate applicants that have achieved the qualification for entry into the scope, but do not fully meet the requirements. The Pharmacy Sector Leaders Forum (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. Work is in progress by the PSLF to establish a unified sector position on the future pharmacist prescriber pathway. The Council will support this work to ensure regulatory support are appropriate and prescribing changes do not compromise public safety. Council has progressed structured discussions with the profession in relation to prioritising its regulatory work programme, seeking a recognition that effective and efficient regulatory changes rely on aligning with the profession's vision. A draft work programme sets out possible regulatory changes over six years as is intended to be refined with input from the profession. More recently we set out regulatory options in a discussion document and conducted webinars to explain the options and the profession's role in shaping Council's decisions on its priorities and work programme. The Council will decide on its response to the feedback at its next meeting. Workforce is one of Council's strategic priorities. In 2023, Council streamlined the non-REQR pathway to improve efficiency and reduce time to registration without lowering standards. Changes included aligning English language requirements with other regulators (IELTS reduced from 7.5 to 7 and introduction of IELTS One Skill Retake) and allowing greater flexibility in completing pre-requisite steps. In response to ongoing concerns about workforce pressures, Council initiated a Registration Pathways project in August 2025 to identify what changes could be made in the short to medium term to boost workforce numbers. The desire was to remove any unnecessary barriers to registration without compromising public safety i.e. ensuring regulation is proportionate. In March 2026 Council began consultation on proposed changes to the Return to Practice, Recognised Equivalent Qualification Route (REQR) and non-REQR qualification route pathways. Consultation closed on 20 April 2026, and Council				

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
		is currently working through the feedback. These proposed changes constitute changes to prescribed qualifications, so the consultation also included a draft Gazette notice incorporating the proposed changes and simplifying the format and language. Consultation has been completed and Council will formally decide whether to implement the changes at their next meeting.				

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers. Section 118c) To consider applications for annual practicing certificates						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
2.1	The RA maintains and publishes an accessible, accurate register of registrants (including, where permitted, any conditions on their practice)	The Council maintains an accurate and publicly accessible register of practitioners, which is continuously available online here: Register. All practitioners recorded on the register are searchable, including those who are registered and practising, registered but non-practising or inactive, and those who are suspended. In accordance with section 138(1) of the HPCA Act, the register contains prescribed information for each practitioner. This information includes the practitioner's legal name, registration number, base pharmacy qualification, date of initial registration in the Pharmacist scope of practice, current practising status, scope or scopes of practice, any conditions on scope of practice, and the practitioner's Health Provider Index (HPI) number. Where practitioners elect to opt in, the register also includes their region and work address, subject to consent to display this information. As of 1 April 2026, the register recorded a total of 5,757 practitioners: - 4,254 registered practising pharmacists who held a current APC - 762 pharmacists registered as non-practising - 370 interns - 11 pharmacists and one intern recorded as suspended The Pharmacy Council has arrangements in place to ensure that the register of pharmacists is maintained accurately and in accordance with its statutory obligations under the Health Practitioners Competence Assurance Act 2003. As part of providing assurance over the accuracy and integrity of register data, the Pharmacy Council recognises that the system, MARCO (Management of Recertification Registration and Compliance Online) is a complex digital ecosystem, particularly during high-volume activities such as the annual APC renewal period. There are many business, technical, reporting, or testing aspects that relate to database quality (register accuracy). Key processes and activities include: *Data Quality* - APC Process – Each year the 5000 registrants log in via their personal online account to complete the APC process, and in doing so validate their personal details along with	FA			

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers. Section 118c) To consider applications for annual practicing certificates						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
		updating details about their employment, activities and training throughout the past year. This is the opportunity to validate and update existing data. - Register Revision process. Pharmacists who have yet to make an APC application are contacted late April / early May and informed Council is starting the register revision process. The first contact usually prompts a significant proportion of pharmacists to renew non-practising or request removal. There is a second register revision letter in August and in January any non-respondents are removed from the register. Intern pharmacists have also been included in the register revision process for the first time in 2026. - Death notifications. Weekly notifications are received from Internal Affairs on "death of a pharmacist". Most of these pharmacists have already been removed from the register but if not, names are then removed. - Day to day Operations. The team are constantly using the database and engaging with practitioners about the information held. Any data issues are rectified immediately. - Institutional Knowledge. Over time the PCNZ team develop institutional knowledge about the database and practitioners they work with. This knowledge and experience is invaluable in prompting questions about anything that appears out of place, which further increases confidence that the systems are working as intended. - HPI data updates. HPI data is automatically refreshed from the Ministry of Health's HPI database monthly and increased to twice a month in the months leading up to the APC Process. - Address data validation. Address data is externally validated against a uniform address validation tool sourced from Addy https://www.addysolutions.com/ - Logging. The system logs database and system modifications and changes. These logs are both used periodically to either (a) cross-check practitioner records or (b) troubleshoot issues when database quality issues are found. *Data Protection*				

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers. Section 118c) To consider applications for annual practicing certificates						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
		- Identity and Access Management. Policies and procedures are in place to ensure that only people with a need to access the various systems are given the right to either view or edit them. - Cybersecurity Updates. Systems security is essential to ensure data quality, to ensure that data is and has not been manipulated by unauthorised actors. Routine patching and continuous cybersecurity improvements are undertaken to build confidence that our database contains correct data. - Software testing and sanity checking - Every time the software is tested, it increases the confidence that the systems are performing database modifications correctly. Sanity check is a quick surface-level evaluation performed to ensure that specific code changes, work as intended before proceeding with more rigours testing. - Backups and disaster recovery – In a worst-case scenario a robust set of BCP provisions are in place to ensure post-incident data quality. Annual, targeted restoration tests are done to ensure recoverability. While robust testing, monitoring, and assurance practices are in place, it is also acknowledged that no software system can eliminate the risk of occasional defects. During the most recent APC round, an issue was identified (following practitioner enquiries) related to practitioner employment address being seen publicly without practitioner authorisation. This was promptly investigated, resolved, and communicated. The matter was reported as a privacy breach and has now been closed. The response demonstrated effective operational monitoring, clear escalation pathways, and a close working relationship with the system provider, enabling rapid remediation and minimising impact. The APC process otherwise performed strongly, successfully managing very high application volumes without disruption. *Improvements* In the 2021 review, reviewers noted that registration processes relied heavily on experienced staff knowledge and that SOPs required further development to support				

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers. Section 118c) To consider applications for annual practicing certificates						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
		consistency and resilience. This feedback was acknowledged and has since been addressed. In 2023, a newly appointed Registration Officer undertook a comprehensive review of registration SOPs and expanded them to address identified gaps and ensure full coverage of registration and practising certificate functions. SOPs have now been strengthened through clearer step-by-step guidance, screenshots, and practical system instructions. SOPs are now maintained as live documents and updated in collaboration with the system developer. Their effectiveness has been demonstrated in practice. As a result, registration SOPs are now comprehensive, accessible to inexperienced staff, and resilient to staff turnover, fully addressing the improvement identified by reviewers in 2021. *Continuous improvement* Our process in handling the incident that occurred in the APC renewal round confirms that register issues are identified quickly and managed effectively, and that the Council operates with a proactive and agile approach to continuous quality improvement. Clear learnings have been embedded, with refinements to change management, clearer accountabilities, and strengthened testing and review practices already underway to further enhance checks and balances.				
2.2	The RA has clear, transparent, and timely mechanisms to consider applications and to: a) Register applicants who meet all statutory requirements for registration	There are four pathways to registration: - New Zealand (or Australian BPharm) Graduate route - TTMRA - Registered Pharmacist in Australia - Recognised Equivalent Qualification Route (REQR) - Registered Pharmacist in UK, Ireland, USA or Canada - Non-recognised Equivalent Qualification Route (Non-REQR) - Registered Pharmacist for a country other than Australia, UK, Ireland, USA or Canada Since 2021, the Pharmacy Council has maintained a strong focus on continuous quality improvement in the way registration and practising certificate applications are considered. This has been especially important for more complex pathways, such as the	FA			

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers. Section 118c) To consider applications for annual practicing certificates						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
		Non-Recognised Equivalent Qualification Route (non-REQR), where applicants may face higher informational and administrative barriers. An online, end-to-end application process has improved both transparency and efficiency. Applicants no longer need ask Universities and regulatory authorities to post hard-copy documents for verification. University transcripts and Certificates of Good Standing are now provided directly to the Council by issuing universities or overseas regulatory authorities and authenticated at source. English language proficiency results (IELTS and OET) are similarly verified directly through provider portals. These changes have strengthened assurance in decision-making while removing unnecessary cost, delay, and complexity for applicants. The impact on performance has been significant. Since 2021, annual non-REQR application volumes have increased from a very small number (around 20 per year) to 228 applications in the last calendar year. This level of demand would not have been manageable under earlier manual and paper-based processes. Automation has been a critical enabler, allowing applications to be considered efficiently and decisions issued in a timely manner at scale, without compromising verification requirements or creating processing bottlenecks. In parallel, information provided to applicants has been substantially improved. A previous text-heavy online booklet has been removed and replaced with redesigned website content that presents requirements in plain language with clear, step-by-step guidance. This has improved applicant understanding, reduced avoidable follow-up, and supported more complete and well-informed applications, particularly for applicants for whom English is not a first language.				
	b) Issue practicing certificates to applicants in a timely manner	Changes highlighted demonstrate the Council has strengthened its mechanisms to consider applications and issue practising certificates in a timely, transparent, and proportionate way. The approach reflects right-touch regulation by removing unnecessary barriers to registration, supporting applicant understanding, and focusing regulatory effort where it adds the greatest assurance value.	FA			

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers. Section 118c) To consider applications for annual practicing certificates						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
	c) Manage any requests for reviews of decisions made under delegation	There is a process that is followed when request is made for a review of a decision that has been made under delegation.	FA			

Function 3: Section 118d) To review and promote the competence of health practitioners.

Section 118e) To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners.

Section 118k) To promote education and training in the profession

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
3.1	The RA has proportionate, appropriate, transparent and standards-based mechanisms to: a) Assure itself that applicants seeking registration or the issuing of a practicing certificate meet, and are actively maintaining, the required standard	The Pharmacy Council operates a standards-based recertification programme as a condition of annual practising certificate renewal. Introduced in April 2021, the framework is designed to provide assurance that pharmacists are actively maintaining competence relevant to their scope and role. The annual recertification requirements are aligned with the Council's competence standards and Code of Ethics, and focus on activities that support meaningful, ongoing professional development. The underpinning ethos is that the individual practitioner is the best judge of what constitutes meaningful learning activities to support their individual professional competence, relevant to their area of practice. Council undertook a preliminary evaluation of the programme in 2022 to assess early effectiveness and practitioner understanding of the requirements. This review included a practitioner survey, a facilitated focus group, and an evaluation report. The evaluation report reviewed a purposefully selected, random sample of portfolios to assess how well requirements were understood, interpreted, and met in practice across different roles and settings. The findings informed refinements to guidance materials, communications to the profession, and internal assurance processes. Since implementation, the Council has embedded an annual portfolio review as a core component of its ongoing competence assurance approach. A number (usually around 10%, kept confidential) of randomly selected portfolios are reviewed by practising pharmacists using a standardised rubric. These reviews are used to monitor practitioner engagement with recertification requirements, identify emerging trends or areas of variable application, and inform proportionate regulatory responses where required. An updated policy and SOP are in place outlining Council's approach when a practitioner's portfolio falls below the expected standard. Annual reviews confirm that most pharmacists understand and comply with the MyRecert requirements to an acceptable level. To ensure the original objectives of MyRecert have been met, the Council has scheduled a formal Post-Implementation Review of the recertification framework for May 2026. DRAFT Terms of Reference have been developed.	FA			

Function 3: Section 118d) To review and promote the competence of health practitioners.

Section 118e) To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners.

Section 118k) To promote education and training in the profession

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
	b) Review a health practitioner's competence and practice against the required standard of competence	The Council's approach to managing concerns about pharmacist competence remains consistent with the processes previously reported. The framework - covering the receipt, assessment, investigation, and resolution of concerns - continues to operate as intended, with no substantive changes to underlying procedures or decision-making pathways. The Registrar is responsible for receiving and making initial enquiries into notifications and concerns. In practice, these matters are triaged and managed through a structured, risk-based process led by the Compliance team. Concerns are reviewed upon receipt, enabling prioritisation according to risk. For each case, the available information is assessed to determine the nature and extent of the concern, what further information (if any) is required, and the most appropriate pathway for resolution. Pharmacists are provided with an opportunity to respond in writing. Depending on the level of risk identified, further enquiries may be undertaken with consent, such as practice visits, to obtain a more complete understanding of practice. Consistent with the Council's focus on risk mitigation and supporting safe practice, most concerns continue to be addressed through non-statutory measures where appropriate. These responses are generally educative in nature and are most often applied in cases involving isolated errors, particularly where the practitioner demonstrates insight, reflection, and evidence of corrective action.	FA			
	c) Improve and remediate the competence of practitioners found to be below the required standard	Matters that indicate a potential risk of harm or more significant concerns about competence are referred to the Competence and Fitness to Practise Committee (CFPC). The CFPC continues to operate under established delegations, including the ability to order competence reviews, notify risk of harm under section 35, make interim orders under section 39, and set the terms of reference for any competence review. Competence reviews are typically undertaken at the pharmacist's workplace by two trained and experienced pharmacist reviewers with relevant practice backgrounds. The process incorporates direct observation, feedback from colleagues and other health professionals, and structured professional discussion. Review outcomes are reported against the	FA			

Function 3: Section 118d) To review and promote the competence of health practitioners.

Section 118e) To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners.

Section 118k) To promote education and training in the profession

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
		Council's defined competence standards, with clear findings on whether the expected level of competence has been met and, where necessary, recommendations for further development. Pharmacists are given the opportunity to comment on review findings and to make submissions, both written and in person, before the CFPC makes a final decision. Following consideration of all material, the CFPC may impose a range of outcomes, including competence programmes, conditions on practice, or further assessment requirements. Committee Membership comprises four independent pharmacists, a member of the secretariat management team, and a lay representative. Oversight by Council is maintained through regular reporting, with CFPC decisions presented at each Council meeting. This ensures transparency and enables Council to retain visibility of delegated authority without direct involvement in decision-making.				
	d) Promote the competence of health practitioners	The secretariat has four practising pharmacists across three teams which contributes to the feedback provided on contemporary practice in relation to competence standards. The Pharmacy Council promotes competence within the wider profession by: - Publishing statements or guidelines to help reinforce expectations expressed in the Competence Standards and/or Code of Ethics for specific practice situations. These are published on our website (Statements - Pharmacy Council NZ - Public Site) and promoted as necessary in our newsletters. - Educating and reminding pharmacists of their professional obligations, for example, the use of artificial intelligence (AI) in practice; ('AI toolkit for pharmacists' in Newsletter August 2025). - Promoting competence by encouraging learning from adverse events, particularly through insights from cases reviewed by regulatory bodies, see Insights to Support Safe Practice- HDC decision Newsletter December 2024. - Referencing the competence and ethical standards relevant to formal complaints. (Individualised for the pharmacists involved).	FA			

Function 3: Section 118d) To review and promote the competence of health practitioners.

Section 118e) To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners.

Section 118k) To promote education and training in the profession

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
		We support pharmacists' ongoing competence and understanding of the recertification requirements with regular articles in our newsletters. For example, in June 2025, we profiled a pharmacist's experience with the Council's MyRecert portfolio; 'how to nail your continuing professional development portfolio" Newsletter June 2025.				

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information.

Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
4.1	The RA has appropriate, timely, transparent, fair, and proportionate mechanisms for: *a)* Providing clear, easily accessible public information about how to raise concerns or make a notification about a health practitioner	The Council maintains publicly accessible information to support the raising of concerns about pharmacists' competence, conduct, and fitness to practise. This information is primarily provided via the Council website and is intended to support practitioners, employers, and members of the public to understand both expected standards and available regulatory pathways. Available guidance includes how to raise a concern via the online form (noting Council also receives concerns via email, phone, and post), the types of matters within the Council's jurisdiction, and where concerns may be more appropriately directed to other agencies. Information regarding privacy, the role of Council committees, competence referrals by colleagues, and the implications for practitioners subject to a complaint is also provided.	FA			
	b) Identifying and responding in a timely way to any complaint or notification about a health practitioner	The Council has established documented case progression processes supported by delegated authority to the Registrar and the Competence and Fitness to Practise Committee. These arrangements are designed to support timely and proportionate decision-making. Complaints and notifications are recorded in a central case management system and are generally triaged within five working days (there are a small number that are triaged the following week due to volumes). A standardised case record is used to support consistency in initial assessment. Triage considers jurisdiction, evidence, seriousness of the concerns, risk to public safety and the need for interim action, and the appropriate regulatory pathway. Matters assessed as higher risk are escalated to senior team members. The Council acknowledges increased complaint volumes have resulted in the following mitigations to ensure timely actions are taken including additional team members and refinement of triage processes.	FA			

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information. Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
		The Council also notes limitations in current reporting capability, with the case management system constraining detailed analysis of timeliness and workflow performance. A system review has been approved to assess improvement options to better support operational efficiency and reporting.				
	c) Considering information related to a health practitioner's conduct or the safety of the practitioner's practice	Assessment and decision-making frameworks The Council applies structured processes to evaluate concerns relating to practitioner conduct, competence, and fitness to practise. Decision-making is guided by defined criteria including jurisdiction, the seriousness of concerns, evidence, and risk. Assessment practices have been strengthened during the reporting period through revisions to intake and triage processes, with increased emphasis on consistency and ongoing risk evaluation. Decision rationales are documented within case records to support transparency and continuity. Operational oversight is maintained through regular case review mechanisms, including weekly team meetings and fortnightly file reviews involving the Registrar. Key decision points are subject to oversight, supporting consistency and proportionality of regulatory responses. The Council recognises that current assurance relies in part on manual review processes. Work is underway to strengthen internal guidance and documentation standards, supported by external input. Standard operating procedures are in development and have been drafted, including process maps, supported by narrative steps. Development of templates and structured correspondence has improved consistency, though these require ongoing review to remain effective. Investment in team capability continues through targeted training including training in public law decision-making, health law, written communication, and practitioner wellbeing. A	FA			

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information.

Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
		standing legal retainer provides access to advice where required; however, reliance on external legal input is monitored to ensure proportional use.				
	d) Ensuring all parties to a complaint are supported to fully inform the authority's consideration process	The Council's processes are designed to support procedural fairness and enable meaningful participation by practitioners. Practitioners are provided with information about process steps, opportunities to respond to concerns, and signposting to external supports. Additional considerations, such as interpreter services or reasonable accommodations, are identified during triage and case progression where relevant.	FA			
	e) Enabling action, such as informing appropriate parties (including those specified in section 118(g)) that a practitioner may pose a risk of harm to the public *NB: 118 g) To notify employers, the ACC, the Director General of Health, and the HDC that the practice of a health practitioner may*	The Council maintains processes for notifying relevant agencies where a practitioner may pose a risk of harm to the public, consistent with its statutory obligations. Notification decisions are risk-based and informed by the nature and likelihood of risk, practitioner compliance, and any restrictions on practice. Decisions are typically supported through consultation with senior staff and, where appropriate, legal advisors. Notifications may be made to employers, ACC, the Director-General of Health, the Health and Disability Commissioner, and the public, in line with legislative requirements and Council policy. Information-sharing with other regulators occurs where appropriate. While some arrangements are supported by statutory provisions, formalised agreements with key agencies are still being developed. In the interim, information sharing is managed on a case-by-case basis, with attention to privacy and consent considerations.	FA			

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information. Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
	post a risk of harm to the public					

Function 5: Section 118h) To consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession.						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
5.1	The RA has clear and transparent mechanisms to: a) Receive, review, and make decisions regarding notifications about health practitioners who may be unable to perform the functions required for the practice of the profession	The Pharmacy Council has established a consistent framework for managing concerns about practitioners whose health may affect their ability to practise safely. This includes processes for receiving and assessing information, making decisions, and taking action that is timely and proportionate to the level of identified risk. These processes are supported by a structured governance and operational framework, including formal delegations, and committee terms of reference that guide decision-making. In addition, health-related disclosure requirements are embedded within the Annual Practising Certificate (APC) application process, providing a consistent and systematic mechanism for identifying potential concerns at an early stage.	FA			
	b) Take appropriate, timely, and proportionate action to minimise risk	Over the past two financial years, the Council, or its delegate, has ordered seven health assessments, equating to an average of approximately 3.5 assessments per year. This represents a notable increase compared with the reported average of 1.25 assessments in 2021. While the total number of health disclosures for the most recent financial year is still being finalised, data from the 2023/24 and 2024/25 financial years indicates that the Council receives, on average, approximately 90 health disclosures annually. This demonstrates that most health-related concerns are identified through routine disclosures rather than external notifications. Most matters involving practitioners with health conditions continue to be managed effectively without recourse to formal statutory powers. This reflects a proportionate, risk-	FA			

Function 5: Section 118h) To consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession.						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
		based approach, whereby lower-level concerns are addressed through monitoring, guidance, or voluntary arrangements. The increase in the use of statutory health assessments is likely attributable to a higher proportion of more serious or complex cases during the reporting period, rather than a systemic shift in regulatory approach. The Council's delegation framework, including authority vested in the Registrar (in consultation with the Chair of the Competence and Fitness to Practise Committee), supports the ability to act promptly where there is a potential risk of harm. This ensures that more significant concerns can be addressed without delay, while maintaining appropriate oversight and consistency in decision-making. Overall, the Council considers that its systems and processes are operating effectively to identify, assess, and manage health-related risks in a manner that is responsive, proportionate, and aligned with its statutory mandate to protect public safety.				

Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession.						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
6.1	The RA sets standards of clinical and cultural competence and ethical conduct that are: a) Informed by relevant evidence	Competence Standards for Aotearoa New Zealand Pharmacists and Competence Standards for Aotearoa New Zealand Pharmacist Prescribers have been revised and came into force 1 April 2024 following consultation to ensure contemporary relevance. The Code of Ethics (2018) is available on the Council's website.	FA			
	b) Clearly articulated and accessible	Competence standards are available on the Council's website.	FA			
	c) Developed in consultation with the profession and other stakeholders	Consultation is undertaken with the profession and other key stakeholders. All consultations – past and current – are available on the Council's website - Consultations - Pharmacy Council NZ - Public Site.	FA			
	d) Inclusive of one or more competencies that enable practitioners to interact effectively and respectfully with Māori	As part of the refresh of its competency standards and the setting of accreditation standards (came into force April 2024) the cultural competence expectations were defined and consulted on with the profession. As part of the practising pharmacist's annual recertification, they need to provide evidence of taking an action towards cultural safety. Pharmacists regularly reflect on their own cultural identity and values, understand health inequities that their local communities experience and facilitate access to health care. Pharmacists use clear, respectful language when engaging with patients and be open to cultural preferences. The bicultural reviewer also considered cultural competence and cultural safety as statutory requirements relevant to the setting and implementation of professional standards. Cultural competence and cultural safety requirements on practitioners are articulated through	FA			

Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession.						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
		Council's published standards and statements. These expectations are reflected in competence standards, accreditation settings, and recertification requirements. Council described cultural safety as part of the profession's ongoing capability development at the coalface of practice. The review noted that Council is seeking to strengthen its ability to monitor and quantify the impact of cultural safety requirements in recertification.				

Function 7: Section 118j) To liaise with other authorities appointed under this Act about matters of common interest Section 118ja) To promote and facility inter-disciplinary collaboration and cooperation in the delivery of health services						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
7.1	The RA understands the environment in which it works and has effective and collaborative relationships with other authorities.	Pharmacy Council Chief Executive chairs the regular collaborative hui held with all RAs. Regular meetings are also then held with various responsible authorities with respective peers. The Chief Executive meets almost weekly with the Dental Chief Executive and monthly collective meetings with Dental, Nursing, Medical Council chief executives. Each of the managers then have contacts with peers with various responsible authorities and share on projects / development work accordingly. In addition, consultation material and newsletters of various authorities are shared to keep informed on what each other may be doing. The Pharmacy Council hosts the All-RA[3] meetings (CE's/Registrars) which are scheduled three times per annum. These meetings are to bring Responsible Authorities together to discuss regulatory developments, share information, and coordinate a collective approach to key sector issues affecting health professional regulation. The meetings can include: • Reviewing major regulatory changes (e.g., HPCAA review, Privacy Act updates) • Discussing system-level risks and safety (e.g., adverse event reporting, national safety strategy) • Aligning on operational and governance issues (e.g., audit expectations, tribunal capacity, RA review updates) • Operational pressures: Rising disciplinary costs, tribunal delays, and capacity constraints. • Progressing collaboration and shared work programmes across RA.	FA			

[3] All RA Meetings include: Chinese Medicine Council of NZ, Chiropractic Board, Dental Council, Dietitians Board, Medical Council of New Zealand, Medical Sciences Council of NZ and Medical Radiation Technologists Board, Midwifery Council, Nursing Council of New Zealand, Occupational Therapy Board, Optometrists and Dispensing Opticians Board, Osteopathic Council, Paramedic Council, Pharmacy Council, Physiotherapy Board, Podiatrists Board, Psychologists Board, Psychotherapists Board, Social Workers Registration Board.

Function 7: Section 118j) To liaise with other authorities appointed under this Act about matters of common interest Section 118ja) To promote and facility inter-disciplinary collaboration and cooperation in the delivery of health services						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
7.2	The RA uses mechanisms within the HPCA Act such as scopes of practice, competence standards, accreditation standards, and communications to promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services.	In 2023, the reclassification of glecaprevir and pibrentasvir (Maviret) from prescription-only to a medicine that can be supplied without a prescription under defined conditions marked a significant shift toward interdisciplinary models of care. This change enables nurses and pharmacists to work collaboratively within their respective scopes of practice to assess, manage, and treat hepatitis C in community settings. By integrating their complementary expertise, nurses can lead clinical assessment and patient engagement while pharmacists support safe and appropriate dispensing and ongoing medicine management, with shared responsibility for referral when required. This coordinated approach reduces barriers to access—particularly for vulnerable populations—and allows the model of supply to be adapted based on local service design, reinforcing a team-based, patient-centred pathway to hepatitis C treatment. The joint prescribing principles is a good example of collaboration amongst responsible authorities. Seven original responsible authorities (led by the Pharmacy Council) developed the principles, and it demonstrated a shared commitment to protect the public, through consistent, high quality prescribing practices across inter-disciplinary professions. Working together, the responsible authorities have created a set of unified high-level principles that support doctors, nurse practitioners, pharmacist prescribers, dentists/dental specialists, midwives and other prescribers to deliver safe, people-centred care. Currently eight responsible authorities have adopted the joint prescribing principles. The Pharmacy and Nursing Councils have worked together on a joint proposal to the Ministry of Health to address a shared challenge faced by both nurse prescribers and pharmacist prescribers. Both professions operate under similar regulatory frameworks and practice within collaborative teams. By alignment of prescribing by class of medicines (using the World Health Organisation's Anatomical Therapeutic Chemical classification system), it aimed to create a more responsive system to enable prescribers use up-to-date, evidence-based treatment without unnecessary delays to patients. Although the proposal was unsuccessful, it provided the groundwork to update the gazette medicines list for both professions.	FA			

Function 7: Section 118j) To liaise with other authorities appointed under this Act about matters of common interest Section 118ja) To promote and facility inter-disciplinary collaboration and cooperation in the delivery of health services						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
		Other examples of joint responsible authorities' collaboration effects include: • Sharing working definitions on cosmetic procedures • Sharing prescribing model with Paramedic Council				

Function 9: Section 118l) To promote public awareness of the responsibilities of the authority.						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
9.1	The RA: *a)* Demonstrates its understanding that the principal purpose of the HPCA Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practice their professions	Council employs a range of communication channels and approaches to explicitly demonstrate the purpose of protecting the health and safety of members of the public and ensuring health practitioners are competent and fit to practice. The public website serves as the main repository for clear, accurate, and publicly accessible information about the Council's purpose, functions and core regulatory processes. The website is supported by regular newsletters, emails, consultations and public reporting. The Pharmacy Council promotes public confidence in the profession and in the responsible authority, both through website content and through media opportunities. Although the document has been in use for several years, the strategic framework underpinning the Strategic Plan 2019 and Beyond remains valid, and the Council's two core objectives - to minimise harm to the public, and to maximise competency of pharmacists - remain our focus in all work. An external review of communications in 2021 identified three key areas for improvement – buy-in (connecting the work to the Council's overarching strategy), transparency (sharing why and how decisions are made), and platform use (using the right channel for the message). Since then, significant work has gone into addressing these issues.	FA			
	b) Provides clear, accurate, and publicly accessible information about its purpose, functions and core regulatory processes	The Council provides public information through – newsletters, direct emails, Council hosted events and webinars, meetings, presentations, Annual report, Annual workforce demographic report, publications, surveys and consultations and, social media.	FA			
	c) In promoting public awareness, recognises opportunities to also promote public	Since 2021, the Pharmacy Council has conducted two surveys with practitioners to gauge the effectiveness of its communication, and the results have given feedback that the Council used to improve the tone, content and method of communications.	FA			

Function 9: Section 118l) To promote public awareness of the responsibilities of the authority.						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
	confidence in the profession and in the Responsible Authority	Other consultations, for example consultations on APC fees, also provide opportunities for pharmacists to share feedback on Council wider activities. A key aspect of tightening and targeting communication activities has been developing communication objectives to ensure all messages align with our strategy and values. In 2026, the communication objectives are: • Effective: Increase understanding of Council's role and value by using messages and channels targeted to the audience at consistent, scheduled times. • Accurate: Ensure all Council information is accurate, relevant, and accessible through a range of channels. • Trusted: Build trust and credibility with partners by fostering active working relationships and being open and transparent about our role, scope, and relevant work programme in all interactions. • Valued: Demonstrate that we work alongside the profession by encouraging key partners to engage with specific aspects of our work programme and responding to feedback. • Measured: Measure communication activities to gauge reach and reception, adapting as needed. An example of addressing buy-in and transparency is our recent discussion document Advancing future pharmacy practices through regulation. The document set out some options for change, identified the implications and some of the pros and cons of each option, and described some possible next steps. People working in the pharmacy sector were invited to submit their thoughts and guidance on what was important and where they believed the Council should focus its resources. This was not a formal consultation document but instead a way to explore possible options before being tied to a particular approach. Information for the public is clearly available on the Pharmacy Council website (I am a member of the public) and is supported by printed publications such as the Annual Report, and media activity.				

Function 9: Section 118l) To promote public awareness of the responsibilities of the authority.						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
		There have been several media articles on pharmacist practice that the Council has been approached for comment, and by focusing on our communication objectives (specifically accurate and trusted) we have delivered clear responses to journalist queries. Following a significant media story in mid-2025, there was a three-fold increase in people using the public register. Although the first place for a member of the public to make a complaint should be the Health and Disability Commissioner, we have seen an increase in notifications from the public following media coverage. These indicators show that there is an increased public awareness of this aspect of the Council's role. The next steps for Council communications are to: • Update the strategic plan by adding a section on the work programme that highlights Council projects and progress against strategic objectives. This will help to keep our progress visible and transparent to the sector and the public. • Look for opportunities to strengthen engagement with Māori and other underserved groups (predominately through professional associations such as Ngā Kaitiaki o Te Puna Rongoā o Aotearoa – The Māori Pharmacists' Association and the Pacific Pharmacists' Association) and investigate connections with health user groups as appropriate to ensure the public voice is included in regulatory changes.				

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
10.1	The RA: *a)* Ensures that the principles of equity and of Te Tiriti o Waitangi/ the Treaty of Waitangi (as articulated in *Whakamaua: Māori Health Action Plan 2020-2025)* are followed in the implementation of all its functions	Council's Māori and health equity strategy has been advancing through two streams: the Council itself in terms of capacity and capability; and the profession. A review is currently underway to determine the resourcing requirements (including our relationship with the Māori Pharmacists Association) to continue advancing our strategy now and beyond. The Council team capacity and capability have been advanced through the involvement of a cultural advisor and TTAG in guiding the Council team in tikanga, projects, policy development and building relationships through whakawhanaungatanga. The Council has developed a Governance Charter that: - Clearly defines the respective roles of Council, the Chair, Chief Executive, operational team, and Te Tiriti Advisory Group (TTAG) – Terms of Reference sighted - Anchors governance in organisational values of Whaioranga, Tikanga, Ōritetanga, and Rangatiratanga, providing both ethical and operational clarity. - Positions Council explicitly as stewards of public safety, not representatives of the profession. - Council's governance practices include: - Governance decisions being traceable to Charter principles - Active monitoring of organisational and regulatory performance - Strategic focus rather than operational drift - The Council has established several foundations that support the operationalisation of Te Tiriti obligations, including: A Te Tiriti o Waitangi Policy Statement that explicitly prioritises Māori text, proportionate universalism, and anti-racism. - An autonomous advisory group (Te Tiriti Advisory Group) positioned as the "ama" of the waka – independent, influential, and integral to governance. Regular hui are held with TTAG to present the critical developments progressing in Council and identify any competency gaps and whether additional interventions/ review / feedback is required. In interview, the Chief Executive described the Te Tiriti Advisory Group as linked to Council's governance cycle, with strategic papers generally presented to the group before or after Council meetings. Where the Te Tiriti Advisory Group holds a divergent view, staff are expected to advise Council of that difference when the relevant paper proceeds to Council.	FA			

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**

		The secretariat and Council aim to involve the group as early as possible in the development of relevant papers.
		
		Since the previous review there has been:
		
		- Development of a comprehensive and transparent accreditation framework, aligned with updated competence standards and Te Tiriti principles. Key strengths include:
		  o Independent advisory groups with fit-for-purpose expertise
		  o Clear separation between qualification prescription and programme accreditation
		- Regular monitoring, proportionate responses to risk, and published outcomes.
		
		Implementation examples discussed with the bicultural reviewer included the Governance Charter, karakia and culture-setting practices, accreditation standards and processes, internal capability-building, integration of te ao Māori into policy framework development, and recertification cultural safety requirements. These examples indicate that Te Tiriti, equity, cultural competence, and cultural safety considerations are being applied through several core regulatory tools and organisational processes.
		
		Commitment to continuous improvement
		
		The Chief Executive recognised that the interface between te ao Māori and the regulatory paradigm is challenging. It was noted that the current arrangements are due for planned review, including consideration of how Te Tiriti advice, governance, operational implementation, and professional relationships are best aligned and sustained. The Te Tiriti Advisory Group is resourced through meeting fees and expenses, but currently does not have independent work programme funding.
		
		Council commissioned an independent external review in early 2026 that focused specifically on the resourcing, alignment, and effectiveness of Council's Māori and health equity advisory, governance and operational systems (including its relationship with the Māori Pharmacists Association). This external review reflects Council's recognition that:
		
		- System roles, influence, and resourcing across TTAG, governance, and operations require clearer alignment.
		- Clear decisions on resourcing models, role clarity, and system accountability are critical.				

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
		- Equity capability must be sustainable, not dependent on goodwill or individual expertise. - Strengthening how the system works together is now the key performance question. - Ongoing monitoring through governance reporting and TTAG feedback loops remains important Council acknowledged that its business intelligence capability is not yet as strong as it would like, including in relation to Te Tiriti, equity, cultural competence, and cultural safety. Ethnicity and regional demographic data are available through registration and recertification data. Council also identified a desire to better monitor and quantify the impact of cultural safety requirements in recertification, including through targeted surveys of the profession. Taken together, the evidence indicates that Te Tiriti, equity, cultural competence, and cultural safety considerations are being applied through a number of regulatory tools, governance processes, and professional competence mechanisms. The review also notes that implementation discipline, resourcing, business intelligence, and assurance of impact remain areas of continuing maturation.				
	b) Ensure the principles of Right-touch regulation are followed in the implementation of all its functions	Council applies a range of regulatory responses (e.g., standards, competence programmes, disciplinary processes) to manage practitioner risk. Regulatory approaches are risk-based and proportionate, focusing on Right-touch principles. The bicultural reviewer noted that Right-touch regulation is relevant to Te Tiriti, equity, cultural competence, and cultural safety. In this context, proportionate regulation requires Council to ensure that Māori patient safety, culturally safe practice, and equity risks are not under-weighted when regulatory decisions are made. The evidence reviewed indicates that Council is increasingly applying these considerations through standards, accreditation, recertification, policy development, and governance processes.	FA			
	c) Identifies and addresses emerging areas of	There are mechanisms in place to receive and escalate areas of concern through the functions reviewed including registration, recertification and the notification process. Regular	FA			

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Suggested Timeframe (months / date)**
	risk and prioritises any areas of public safety concern	engagement with other stakeholders identifies emerging areas of risk at the earliest opportunity.				
	d) Consults and works effectively with all relevant stakeholders across all its functions to identify and manage risk to the public in respect of its practitioners	Council has materially improved the clarity, accessibility, and intentionality of its communications since 2021, including: • Clear differentiation between regulatory and professional roles. • Increased transparency around decision-making and regulatory intent. • Evidence of increased public engagement with the register and notifications process. Communications are now explicitly aligned with strategic objectives and evaluated for effectiveness.	FA			
	e) Consistently fulfils all other duties that are imposed on it under the HPCA Act or any other enactment	The Council is seen to be consistently fulfilling all duties imposed on it under the HPCA Act and other enactments	FA			