



# New Zealand Hospital Pharmacy Association (Inc)

Te Kāhui Whakarite Rongoā Hōhipera o Aotearoa

*To champion and advocate for the pharmacy profession, promoting our value and impact in healthcare.  
To promote connection, transformation and development for our members.*

## **NZHPA Submission: Pharmacy Council Discussion Document on Advancing Future Pharmacy Practice Through Regulation**

13th March 2026

NZHPA welcomes the opportunity to provide feedback on the Pharmacy Council discussion document on advancing future pharmacy practice through regulation. Overall NZHPA supports regulatory approaches that enable innovation, strengthen workforce sustainability and improve patient access to safe medicines care. In our view the most impactful areas for regulatory focus are enabling flexible and safe workforce pathways and supporting expanded utilisation of the wider pharmacy workforce particularly through technician regulation. While several options outlined in the discussion document warrant further exploration regulatory changes should prioritise those most likely to improve patient outcomes and strengthen the capacity of the pharmacy workforce to meet future health system needs.

### **1. Statement on Innovative Practice**

NZHPA supports the intent of the statement on innovative practice and agrees with the permissive nature of the pharmacist scope of practice. Pharmacy practice continues to evolve rapidly in response to patient need, technological change and new models of care. A regulatory approach that enables pharmacists to expand their practice where they are competent to do so is appropriate and necessary.

The considerations outlined within the statement are helpful in guiding pharmacists through a defensible process when developing new services. In particular, the emphasis on evidence informed practice patient centred care and professional accountability provides a useful framework to ensure innovation occurs safely and ethically.

We recognise that regulation cannot always keep pace with the speed of innovation required within the health system. For that reason the statement appropriately identifies the importance of non regulatory solutions to support innovation. These include professional guidance practice standards structured training peer support and workplace governance mechanisms.

NZHPA would be supportive of contributing to the development of standard training and implementation guidance where appropriate. Professional bodies and employers are well placed to develop the practical tools required to safely operationalise new services within the existing scope of practice.



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## 2. Registration Pathways

Workforce pressures are a significant challenge for the profession and we support exploring options that reduce unnecessary barriers to pharmacists entering the New Zealand workforce. However regulatory changes must maintain appropriate safeguards to ensure competence and patient safety.

### *Short term changes*

NZHPA supports removal of the Competency Assessment of Overseas Pharmacists (CAOP). The cost and timing associated with this requirement currently creates a barrier to pharmacists entering New Zealand. Where degree equivalence has already been clearly established this additional step appears unnecessary.

We also support allowing pharmacists trained in non REQR countries who are subsequently registered in REQR countries to be treated as REQR applicants. However, safeguards should be considered to ensure that meaningful practice experience has occurred in that jurisdiction. For example, a minimum period of practice in a REQR country could be required before applicants are eligible for the REQR pathway. Consideration should also be given to ensuring that the individual has been practising at the appropriate standard during that period.

These changes are likely to make New Zealand a more attractive destination for overseas pharmacists by reducing the number of regulatory hurdles required before entering practice.

It is also possible that some workforce movement could occur between Australia and New Zealand because of these changes. It would be useful to understand whether Australian regulators assess original country of qualification or registration status when recognising overseas pharmacists as this may influence workforce movement across the Tasman.

### *Longer term considerations*

NZHPA advises caution when considering broader expansion of the non REQR pathway. While increasing the workforce is important lowering the threshold for entry could pose risks to patient safety if not carefully managed.

A more appropriate approach may be to consider alternative mechanisms to demonstrate competence rather than requiring the full intern year. Assessment should focus on equivalence of degree level of practice and scope of practice in the pharmacist's home country.

For hospital pharmacy integrating non REQR pharmacists into existing intern training programmes presents challenges. Hospital intern positions are typically recruited well in advance and are closely aligned with established relationships with schools of pharmacy. In addition, the learning needs of non REQR pharmacists are likely to differ significantly from those of New Zealand graduates making it difficult to incorporate them into the same training structures. We would support the concept of a more modular training and assessment process with multiple entry points throughout the year. NZHPA would also support exploring alternative approaches to assessing competence and readiness for practice. The current assessment centre can shift the focus away from genuine experiential learning toward preparation for a single high stakes examination. The current pass rate for non REQR interns suggests that the existing model may not be working as intended and that a different approach should be considered.

The supervision burden associated with supporting non REQR pharmacists must also be carefully considered. Supervision requirements place additional strain on an already stretched workforce.

The concept of a limited or provisional scope of practice could be useful if designed carefully. This could potentially facilitate an easier entry into hospital practice where specific intern roles are limited.

Additional considerations include ensuring that pharmacists entering New Zealand have adequate spoken language capability to communicate clearly with patients as well as appropriate cultural competence to practise safely within the New Zealand context.

Finally, increasing the number of pharmacists entering New Zealand is unlikely to address the underlying drivers of workforce shortages. Issues such as working conditions remuneration and retention will continue to influence workforce sustainability. In the longer-term enabling pharmacy technicians to practise to a greater extent of their training including through technician regulation may provide a more sustainable workforce solution.

### **3. Expanded Roles via Scope Endorsements**

NZHPA recognises the challenge of balancing a broad pharmacist scope of practice with the need to recognise advanced or specialised roles. However, we do not support the development of large numbers of narrowly defined endorsements.

Introducing multiple small endorsements could lead to inequities across the health system. Larger tertiary hospitals may be able to support pharmacists to obtain multiple endorsements whereas rural or smaller services may not have the resources or workforce capacity to support the same level of training and credentialling.

From a hospital perspective each new endorsed role would require structured training supervision assessment and ongoing competency maintenance. As the number of endorsed roles increases the demand placed on senior pharmacists to train supervise and assess others would grow significantly. It is unclear whether the current workforce has sufficient capacity to support this.

Additional governance requirements would also arise for employers. New roles would likely require new organisational policies competency frameworks credentialling processes and audit mechanisms. This adds complexity and administrative burden.

There is also a risk of scope creep if boundaries are not clearly defined. Pharmacists working in busy clinical environments may feel pressure to undertake work that extends beyond their formal training if governance structures are not robust.

Very few pharmacy specialties currently have clearly defined knowledge and skills frameworks that would support regulatory sign off. For this reason, existing professional credentialling frameworks such as ANZCAP could potentially provide a useful mechanism for recognising advanced practice without requiring direct regulatory endorsement.

Overall NZHPA does not believe that scope endorsements should be a priority area for the Pharmacy Council at this time. Other regulatory initiatives are likely to have a more meaningful impact on workforce sustainability and patient care.

## **4. Prescribing**

We do not support the Council's proposal to introduce different levels of pharmacist prescribing. Segregating prescribing authority will create confusion for pharmacists, patients, consumers, and employers. A pharmacist who has completed an approved prescribing programme should be authorised to prescribe independently within their scope of practice, with their practice plan—agreed with their employer—defining the boundaries of their clinical work.

All pharmacist prescribers should be authorised prescribers, provided they meet the competency requirements set by the Council. The prescribing course must ensure pharmacists demonstrate all competencies before registration. These standards should be reviewed by a diverse group of pharmacist prescribers across sectors, alongside medical and non-medical prescribers, to ensure they reflect real-world practice while maintaining patient safety.

Pharmacists already have an ethical obligation to practise within their scope. Even as authorised prescribers, pharmacists will continue to work collaboratively within multidisciplinary teams, which remains best practice. Advanced practice accreditation or credentialing should sit with an appropriate professional body (e.g., PSNZ, CAPA, NZHPA, AdPHA, RPS), not with the Council.

A clear, robust transition pathway is needed for UK independent prescribers, identifying any competency gaps and outlining how these should be demonstrated. Protocol-based prescribing, as used in Queensland and Canada, could be governed locally. In hospital settings, strong governance could safely allow pharmacists to chart medicines in defined circumstances, similar to current standing order arrangements.

While we support improving access to pharmacist prescribing, the proposed model does not provide clarity. Instead, it risks increasing confusion about the pharmacist's role. The profession should move toward authorised, independent prescribing supported by robust training and competency standards. This will give the public and other health professionals confidence that pharmacist prescribers are trained to the same standard as other authorised prescribers. Increasing the number of pharmacist prescribers and enabling independent prescribing would have the greatest impact on patient care by reducing unnecessary reliance on medical sign-off.

We agree that current restrictions have limited uptake across community, secondary, and tertiary care. Professional bodies and employers, including Health NZ, must actively support and implement pharmacist prescriber roles. Concerns about acceptance from medical colleagues are overstated; in practice, medical teams recognise pharmacists' expertise and can support further skill development where needed.

To support safe prescribing, the profession requires clear competencies, guidance on practising within scope, and recertification processes that include peer review and reflection. The Council should work with other regulatory bodies to develop prescribing standards that apply consistently to all prescribers.

## **5. Regulation of Technicians and PACTs**

NZHPA strongly supports further exploration of regulation for pharmacy technicians. Regulation represents one of the most significant opportunities to strengthen pharmacy services and improve patient care across the health system.

Pharmacy technicians already play a critical role in the safe and effective delivery of medicines services. In many areas of practice, they hold deep technical expertise and operational knowledge that supports the safe functioning of pharmacy services every day. Regulation would recognise this contribution while also enabling the profession to safely expand technician roles in ways that directly benefit patients.

A regulated technician workforce would allow pharmacists to focus more consistently on direct patient care clinical decision making and medicines optimisation. By enabling technicians to take greater responsibility for technical and operational functions the pharmacy workforce can be used more effectively across the system. This shift has the potential to significantly increase the time pharmacists spend supporting patients and multidisciplinary clinical teams.

Regulation would also support clearer accountability and visibility of competence. Currently there is no consistent mechanism to identify or respond to technician competency concerns at a national level. Regulation would provide a transparent framework for professional standards reporting mechanisms and ongoing competence assurance. This strengthens public confidence and supports safer care.

There are clear opportunities for regulated technicians to undertake expanded responsibilities in areas that already exist within many services. Examples include but are not limited to:

- PACT
- aseptic production
- controlled drug destruction processes
- clinical trials management
- infusion pump libraries
- antimicrobial stewardship roles
- medicines reconciliation
- patient education services.

These roles already demonstrate the ability of technicians to safely contribute at a high level when supported by appropriate training and governance.

Regulation would also support greater flexibility in workforce models particularly in rural or resource constrained settings. In certain circumstances a regulated technician could safely undertake defined pharmacy activities without a pharmacist physically present if medicines are not being supplied and appropriate governance arrangements are in place. This could help maintain access to pharmacy services in communities where pharmacist workforce shortages create service vulnerability.

A regulated technician profession would also create clearer career pathways which is essential for workforce sustainability. Professional recognition structured training and defined progression opportunities help retain skilled staff and support the development of advanced technical expertise within pharmacy teams.

One approach worth considering is regulating technicians with the ability to recognise advanced roles through additional credentials or endorsements. This would allow technicians who undertake higher risk or specialised functions to demonstrate additional competence in a structured and transparent way.

Taken together these opportunities suggest that regulation of technicians and PACTs has the potential to deliver one of the most meaningful improvements to the pharmacy workforce and patient care in New Zealand. While a number of regulatory options are explored within this

discussion document technician regulation stands out as an initiative that could simultaneously strengthen safety support workforce sustainability and expand patient access to pharmacist expertise. For these reasons NZHPA encourages the Pharmacy Council to give serious consideration to prioritising this work alongside other regulatory developments.

NZHPA welcomes the opportunity to discuss these points further.

Ngā mihi  
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