

Aide-Mémoire

Meeting with the Pharmaceutical Society of New Zealand

Date due to MO: 31 March 2026 **Date of Meeting:** 2 April 2026

Security level: BUDGET SENSITIVE **Reference:** H2026079232

To: Hon Simeon Brown, Minister of Health

Consulted: Health New Zealand:

Proactive release: This **title** is proposed by the Ministry of Health for proactive release:

Contact for telephone discussion

Name	Position	Telephone
Billy Allan	Chief Clinical Advisor, Medicines, Strategy and Policy	s 9(2)(a)
Steve Barnes	Associate Deputy Director-General, Strategy and Policy	

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About the Meeting

Purpose of Meeting: To discuss the Pharmaceutical Society of New Zealand's (the Society) paper s 9(2)(ba)(i)

You met with them on 19 February 2026 to discuss this and other matters and agreed to a further meeting to continue your conversation.

Details of Meeting:

Date: Thursday 2 April 2026
Time: 11:20am – 11:40am
Venue: 6.6EW

Attendees

- Helen Morgan-Banda, Chief Executive Officer
- Michael Hammond, President
- Chris Jay, Clinical and Policy Director

The biographies of the Society's attendees are included in **Appendix 1**.

Organisation

The Society is a professional membership-based association representing the pharmacy profession. It provides professional support and resources to enable their practice, and advocates for the advancement of the pharmacy role in healthcare.

Ministry representatives

Billy Allan, Chief Clinical Advisor, Medicines, Strategy and Policy
 Laura Seary, Manager, Primary and Community Healthcare

Summary:

- The Society believes its proposal s 9(2)(ba)(i) will provide a relatively low cost, low-risk, high-impact mechanism to improve access and relieve pressure across the health system.
- There is an opportunity to better use pharmacists' skills beyond traditional dispensing roles. Pharmacists' scope of practice already allows them to provide a wide range of clinical services.
- We suggest you acknowledge the Society's proposal, and note the alignment to Health NZ's work on the Innovation Fund for extended pharmacy services which is underway.

Background

1. There are global shifts to expand community pharmacy services and the role of pharmacists in primary care settings to support primary and health care systems under pressure.
2. Many services that could be offered in the New Zealand community pharmacy system are unfunded under current contracting settings. The sector is reliant on volume-based dispensing of prescription medicines and the sale of over-the-counter products for most of their income.

Context

s 9(2)(ba)(i)



s 9(2)(ba)(i)

Pharmacists as authorised prescribers

7. Currently pharmacists can undertake a postgraduate prescribing qualification to become a designated pharmacist prescriber. There are currently just over 100 pharmacy prescribers predominately working in general practice in New Zealand.
8. There is sector awareness of an opportunity to revisit the legislative framework, could include the potential for pharmacists to become authorised prescribers,¹ whilst also retaining prescribing functionality under the designated prescribing regulations. Indications are the profession would be fully supportive of this dual approach, and the Society may also wish to discuss this.
9. Revisiting the legislative framework for pharmacists to become authorised prescribers could provide an opportunity to expand pharmacists' scope of practice and their role in alleviating primary care pressures and improving health outcomes.

10. s 9(2)(f)(iv)

Health NZ have committed to an Innovation Fund with expansion plans, and an opportunity to build on this further

11. Health NZ have committed to an Innovation Fund of \$5 million for 2025/26 to support delivery of extended community pharmacy services that would otherwise require a consultation with a GP or other clinical service provider.
12. Health NZ plans to extend this year on year, to be funded from baselines. This is expected to be at a value of approximately \$12-13 million for 2026/27.

13. s 9(2)(f)(iv)

s 9(2)(g)(i)

¹ Appendix 3 outlines the prescribing roles under the Medicines Act 1981.

s 9(2)(g)(i)



Steve Barnes
Associate Deputy Director-General
Strategy and Policy

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Appendix One: Attendee biographies

	<p>Michael Hammond was elected President of the Pharmaceutical Society of New Zealand (PSNZ) in April 2024. He had previously served on the National Executive as a co-opted Early Career Pharmacist as Vice-President for two years. His pharmacy career includes work in community, hospital, general practice, and PHO settings. He is currently Network Manager, National Clinical Networks Radiology & Infection Services at Health NZ.</p>
	<p>Helen Morgan-Banda was appointed CEO of PSNZ in August 2024. Her background includes 6.5 years as CEO of the Royal NZ College of GPs and 2.5 years as CEO of the NZ Law Society, leading the Society through transformational change.</p>
	<p>Chris Jay, Clinical and Policy Director, is a future-focused pharmacist with over 33 years of experience across a variety of health care settings in New Zealand and the United Kingdom.</p> <p>Based in Wellington, he has governance experience as a previous Director of the Pharmacy Defence Association, and executive member and vice president of the New Zealand Hospital Pharmacy Association. He was a key representative on a variety of health-related committees in New Zealand and has worked at a national level with various organisations in the UK.</p>

Appendix Two: Report

Withheld under s9(2)(ba)(i)

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Appendix 3: Prescribing roles under the Medicines Act 1981

- The Medicines Act 1981 outlines three categories of prescribers in New Zealand—authorised, designated, and delegated. Authorised prescribers can independently prescribe any medicine that relates to their area of practice. This group includes nurse practitioners, optometrists, dentists, medical practitioners and registered midwives.
- Designated prescribers can only prescribe from a list of prescription medicines published by the Director-General of Health. They are expected to prescribe in consultation with, and supervised by, an authorised prescriber. This group includes pharmacist prescribers, dietitian prescribers, and podiatrist prescribers. There is sector appetite to revisit the legislative framework so that pharmacists are categorised as an authorised prescriber.
- Delegated prescribers work under a written delegation from an authorised prescriber. This prescriber model is not currently used in New Zealand.
- The pharmacy profession in New Zealand has three scopes of practice: intern pharmacist, pharmacist, and pharmacist prescriber. A postgraduate prescribing qualification is required to become a pharmacist prescriber. The requirement for postgraduate training will remain in place amid any broader legislative and regulatory change.

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