



The Royal New Zealand
College of General Practitioners
Te Whare Tohu Rata o Aotearoa

25 July 2025

Pharmac
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By email: consult@pharmac.govt.nz

Tēnā koe,

Pharmac proposal to update the Pharmaceutical Schedule in response to the upcoming amendments to the [Medicines Regulations 1984](#), which will extend prescriptions renewals for up to 12 months.

The Royal New Zealand College of General Practitioners (the College) is the largest medical college in Aotearoa New Zealand with a membership of 6,018 specialist General Practitioners (GPs). Our General Practice Education Programme (GPEP) and Rural Hospital Medicine Training Programme (RHMTTP) trains the specialist General Practitioner and Rural Hospital Doctor workforce. The Medical Council of New Zealand accredits the College to deliver a Vocationally Registered workforce through its Continuing Professional Development Programme, making up 40 percent of the specialist medical workforce. The College is committed to prioritising the reduction of health inequities experienced by Māori, honouring Te Tiriti o Waitangi, and the rights of Māori. To do this we prioritise initiatives that support our members to develop cultural safety capability throughout our Training, Member Professional Development and Quality programmes.

Our submission

The College acknowledges that the decision to make prescriptions available for 12-month supply periods has been made. The role of the College is to support GPs to make appropriate and safe clinical decisions. We support efforts to make medication more accessible and equitable, where appropriate, for those who need it. We recognise and support the current Special Authority time periods for most medicines, which is needed for clinical review. Any efforts to support specialist GPs to intervene and improve care for patients is welcome.

The College Position

The College supports the proposed changes to better align certain Special Authority periods with prescription lengths, where appropriate. However, we caution against any changes that may compromise clinical judgement and oversight, reduce opportunities for timely clinical advice, or weaken continuity of care. Clear safeguards are needed to avoid aligning Special Authority approvals with longer prescription durations where there is clinical risk, such as contraindications or changes in patient need going undetected.

Specialist GPs are the first point of contact for medical care in the community, and they provide care to patients and their whānau to manage 90 percent of all patient healthcare needs in the community¹. Each year approximately 24 million patient contacts are recorded¹ by 1,077 general practice teams working across Aotearoa. The relationship between specialist GPs and patients is central to maintaining health and wellbeing in communities. It is important that their clinical judgement is protected to avoid a blanket one-size-fits-all approach. Specialist GPs must be supported with appropriate prescribing guidance regarding 12-month prescribing and enabled to use their specialist skills to care for patients. Clear guidance from Pharmac to prescribers and pharmacists is essential.

Equally, patients must have access to simple, clear information to understand their responsibilities, enabling them to maintain access to medications and uphold the trusted GP–patient relationship.

Key Recommendations:

- **Protect clinical judgement** by avoiding one-size-fits-all approaches and enabling GPs to make decisions tailored to each patient.
- **Public information is accessible and culturally appropriate**, which is designed in collaboration with and for Māori, Pacific and rural communities, to support patients to understand their responsibilities and support safe medication use.
- **Clear clinical guidance** to prescribers and pharmacists for medicines affected by the 12-month prescription supply limit, and where Special Authority approval periods may not align with prescription duration.
- **Safe implementation** through current and relevant PMS systems, e.g., software updates, including:
 - Alerts when Special Authority approvals do not match prescription lengths.
 - Equity-centred implementation to ensure software updates do not inadvertently disadvantage low-resource environments, particularly rural communities.

Pharmac questions:

1. *Do the proposed changes to the Schedule Rules practically enable the decision to increase prescribing lengths?*

The College supports the proposed changes to the Schedule Rules where appropriate, provided they uphold the principles of safe and effective prescribing as outlined by the [Medical Council of New Zealand's Principles for Quality and Safe Prescribing Practice](#).

- Good practice involves ensuring prescribing encompasses autonomy, self-determination and informed consent.
- Prescribing is not a transactional act, but a process that requires clinical judgement, understanding of the patient's needs and appropriate follow-up to ensure any contraindications that result from prescribed medicines are identified and mitigated.

2. *Do you support the proposed Special Authority approval period changes?*

The College recommends that Pharmac review all Special Authorities with time limitations or renewal requirements to ensure they are supported by strong clinical rationale and consider extending approval durations where clinically appropriate to reduce unnecessary administrative burden.

- We support the proposed changes to Special Authority approval periods, where clinically appropriate. These timeframes must remain distinct from prescription length to ensure patient safety is not compromised.
- Where there are medicines that have less clinical expectation, we suggest Pharmac aligns these Special Authorities approvals closer to the 12-month prescription supply limit only where there is no clear clinical need for a shorter duration.
- To prevent treatment disruptions, Pharmac must support prescribers with guidance to navigate any misalignment between prescription duration and Special Authority renewal periods. This guidance should reinforce that Special Authority settings remain clinically determined and not automatically extended to match prescription length.

3. *Do you support the proposed changes to medicines and other products with restrictions on amount per prescription?*

The College recommends that Pharmac consider increasing the maximum quantities dispensed for some medicines, such as allowing more repeat prescriptions within the three-month period. This would better align dispensing standards with actual patient use while still maintaining an appropriate level of clinical oversight.

- Our members noted specific concerns with the proposed restrictions on some dermatological medicines categorised under “Antiacne preparations” within the proposed changes, e.g., the proposed limit of 30g of adapalene every three months may not be sufficient for some patients, particularly those requiring treatment across larger surface areas. Similarly, the limitation of 50g of tretinoin may not meet the clinical needs of all patients.

4. *What support do consumers, prescribers, and pharmacists need to ensure Special Authorities are valid for the duration of the prescription length?*

The College recommends that Pharmac provide clear guidance and resources to prescribers and pharmacists to support implementation of the changes. Patients may be unaware that their special authority has lapsed, even with a valid prescription. This could lead to medication disruptions and result in preventable harm.

- Patients also need clear, accessible and appropriate guidance. Practitioners and patients need to understand the timing and responsibilities associated with Special Authority renewals and prescription repeats. Clarity about Special Authority is critical to continue improving access to medication, the safety of medications and maintaining the integrity of the specialist GP and patient relationship.

5. *Do consumers and health care professionals need additional support or resources to help them more broadly with changes under this proposal?*

The College recommends that Pharmac provide public, accessible and culturally safe information to share with practices and their patients about these changes.

- The College acknowledges that patients such as Māori, Pacific Peoples, rural communities, frequently encounter complex, hard-to-navigate systems that contribute to poorer health literacy².
- For nearly two decades it has been known that Māori have poorer health literacy compared to non-Māori.³
- Even recent research demonstrates that almost 90% of Pacific Peoples aged over 15 have low health literacy.⁴
- Our most impoverished communities are more likely to have poorer health literacy in turn being less likely to seek help, which increases their likelihood of being hospitalised and have a greater use of emergency care.⁵

By providing accessible and culturally appropriate information about these changes will allow patients to understand their responsibilities and where specialist GPs can support them.

6. *What other information do providers of health sector software systems need to support their customers with changes under this proposal?*

The College recommends that Pharmac provides guidance to the appropriate bodies that are responsible for New Zealand’s Patient Management Systems (PMS).

- Patient Management Systems (PMS) should clearly flag medicines that should never be prescribed on a 12-month basis due to clinical concerns. We suggest this list be regularly updated in line with Ministry of Health and Medsafe guidance.
- There should be an alert when there is a mismatch between prescription and Special Authority approval period so that specialist GPs can communicate this with their patient and provide an appropriate course of action.
- There should be a safeguard in place requiring the prescriber to re-confirm their action before authorising a 12-month supply of a high-risk medicine.

Conclusion

Thank you for the opportunity to submit on behalf of our members on these changes. The College appreciates the work of Pharmac to make medicines accessible to those who need it.

If you require further clarification, please contact Maureen Gillon, Manager Policy, Advocacy and Insights – Maureen.Gillon@rnzcgp.org.nz.

Nāku noa, nā



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¹ Ministry of Health, 2024 data

² Health Quality & Safety Commission New Zealand. *Background information about health literacy*, 2013.

³ Kōrero Mārama: Health literacy and Māori. Results from the 2006 Adult Literacy and Life Skills Survey, Ministry of Health; 2010.

⁴ Lilo LS, Tautolo E, Smith M. Health literacy, culture and Pacific peoples in Aotearoa, New Zealand: a review. *Pacific Health Dialog*. 2020

⁵ New Zealand Nurses Organisation & College of Nurses Aotearoa Inc. *Health literacy: Practice position statement*. Wellington: NZNO; 2012.