



NB: This guidance is NOT IN USE and was updated in November 2025

9.1: Repeat prescribing

The [Medical Council of New Zealand Good prescribing practice](#) outlines the requirements of prescribing and the expected conduct of prescribing doctors.

Prescribing conduct is an activity between a patient and a doctor, any misconduct is managed by the Medical Council with possible Health and Disability Commissioner and Disciplinary Tribunal involvement.

Standard - what we'll be assessing on	Evidence to provide for assessment
9.1 The practice has a documented policy for repeat prescribing.	- A documented repeat prescribing policy and procedure. - Annual audits of repeat prescribing activity in accordance with the policy.

Repeat prescribing

Repeat prescribing is a continuation of the original prescribing activity and involves administration and team member involvement. Because errors can also occur with repeat prescribing, especially as more personnel are involved, it requires a robust process with close controls.

The appropriateness of long-term repeat prescribing and repeat prescribing without a consultation is a matter of professional judgement.

The documented policy for repeat prescribing needs to outline a reliable, safe and consistent approach to repeat prescribing.

Before signing a repeat prescription, the secure procedures need to ensure:

- The patient is issued with the correct prescription
- Each prescription is regularly reviewed so that it is not issued for a medicine that is no longer required
- The correct dose is prescribed for medicines where the dose varies throughout the duration of the treatment
- Any subsidy conditions that have changed since the last prescription are amended



- All relevant information has been reviewed before completing the prescription

Repeat prescriptions need to include details about the period of supply and state if more frequent dispensing is required in the interests of patient safety. Pharmacists are required to use their professional judgement to determine if more frequent dispensing is appropriate, so liaising with the patient's pharmacist may be helpful.

Patients receiving repeat prescriptions need to be assessed on a regular basis to ensure that the prescription remains appropriate. The practice's repeat prescribing policy must include a definition of what constitutes 'appropriate regular' review. This will take into consideration individual patients needs and specific medications.

Patients who need a further examination or assessment must not receive repeat prescriptions without being seen by a doctor or nurse practitioner. This is particularly important in the case of medicines with potentially serious side effects.

The purpose of auditing is to ensure that the repeat prescribing policy and procedure is being adhered to. By auditing the policy and then differentiating Māori from non-Māori, the practice can identify whether there are any inequities existing which might prompt an improvement initiative.

Please note that although audits are to be run annually, if an audit shows that the policy is not being adhered to, it is expected that an improvement action (such as reviewing the policy with the team and/or prescriber/s, is followed by another audit to ensure the policy is being followed.

NB: There is a sample template in the resources below which practices can adapt and utilise to audit their policy and performance.

e-Prescribing

If the practice is utilising e-Prescribing, there must be a documented process for this. In a pandemic or other event with severe disruption to services, this process may be updated to include any special provisions, or changes to prescribing regulations.

Repeat prescribing policy

Repeat prescribing policy and procedure must include:

- A reliable, safe, and consistent approach to repeat prescribing including roles and responsibilities
- Assessment guidelines on a regular basis to ensure that the prescription remains appropriate



- A definition of what constitutes 'appropriate regular' review
- Guidelines around some medical conditions and categories of medicines
- Additional measures to optimise Māori access to repeat prescriptions and collection of medicines
- An e-prescribing process (if applicable)
- How the policy is always accessible to the clinical team
- Annual auditing process which include audits that differentiate Māori from non-Māori
- How audits will be discussed and actioned at clinical governance meetings.

NB: Your practice policies/procedures, need to adhere to the general structure suggested [here](#) and include document control measures.