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

POSITION STATEMENT

Twelve-month prescribing in general practice

Summary of position

From early 2026 GPs will be able to prescribe medications for a maximum of 12 months. This is a significant change from the maximum three months currently permitted. The purpose of this statement is to provide general guidance for specialist GPs when considering providing 12-month prescriptions.

Key points

- The College adheres to Medical Council of New Zealand (MCNZ) guidance.
- Clinical judgement must be applied to all prescribing decisions; protecting patient safety is critical.
- The College recommends that general practices:
  - adopt their own in-house policy to guide their clinicians
  - consider equity and access issues
  - work collaboratively with pharmacists.

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Introduction

The Government has announced a change to extend the maximum prescription period from three to 12 months,[1] with implementation expected across New Zealand in early 2026. However, for patients with complex health needs, limited access to care, or who are disproportionately affected by systemic inequities, this shift may reduce opportunities for clinical review, increasing the risk of delayed interventions and poorer outcomes unless there are appropriate safeguards in place.

Potential benefits and risks for patients

Longer prescriptions may reduce unnecessary barriers to access, reduce costs and the time required to obtain care. However, there are also risks – less contact will result in reduced monitoring of patients' conditions, the effectiveness of medications and the presence of side effects. There will also be missed opportunities for early intervention, opportunistic screening and preventative care. This may widen health inequities. Those with the most complex needs or facing barriers to navigating the health system stand to lose the most from reduced contact points. All these factors must be considered when prescribing.

Principles of safe prescribing

The primary risk of allowing 12-month prescriptions is the lack of appropriate follow-up. A lot can change in a patient's health over a year, and regular clinical review with shorter prescription intervals is crucial for monitoring and adjusting treatments as needed.

Annual consultations are likely to become more complex and time-consuming, as patients are more likely to present with multiple concerns in a single visit. This adds further pressure to the workload of specialist GPs and increases the risk of important clinical issues being missed. The greatest risk is that contraindications or changes in a patient's health go undetected, leading to preventable harm.

Opportunistic screening is a core part of general practice, enabling GPs to identify underlying conditions that patients themselves may not be aware of. The following points outline key considerations for safe prescribing and determining appropriate prescription duration:

- The College adheres to the Medical Council's *Good prescribing practice*[2] and also references the joint document *Principles for quality and safe prescribing practice*,[3] developed by several regulatory authorities. Specialist GPs are expected to be familiar with both documents.*
- GPs should use their clinical judgement to assess individual patient risk and clinical need to determine appropriate prescription duration, taking into consideration whether a patient's condition and/or circumstances warrants closer follow-up and shorter prescribing intervals.
- GPs should involve patients in shared decision-making, explaining risks and benefits where needed, and ensure appropriate safety-netting advice is provided. This supports safe prescribing while maintaining patient trust and continuity of care.
- The College recommends that practices adopt their own in-house policy that takes into account the patient's age and life stage, chronic conditions, ability to manage their medication and acceptable monitoring intervals.
- GPs may also consider alternative prescription durations, such as six-month prescriptions, where this is clinically appropriate and supports safe and equitable care.

* While *Principles for quality and safe prescribing practice*[3] provides useful guidance, the Medical Council assesses prescribing concerns against its more detailed document *Good prescribing practice*.[2]

Equity and access

The College acknowledges longstanding inequities in primary care access, experiences and health outcomes among various groups, including Māori, Pacific Peoples, tāngata whaiora, tāngata whaikaha, rural communities and those who experience co-morbidities and/or long-term conditions.

Those experiencing barriers such as cost of appointments, limited opening hours, wait times to see a GP or closed books may benefit from extended prescriptions. However, the changes also risk exacerbating existing inequities. For example, Māori and Pacific communities experience high levels of distrust in health services, and changes to prescription periods may contribute to further distrust. Moreover, a reduction in the number of opportunities to review medications may result in suboptimal management of long-term conditions and compromise opportunities to undertake preventive health care.

GPs should use clinical judgement and shared decision making to ensure any changes to prescribing periods are safe, appropriate, clearly communicated to patients and duly consider effects on equitable health outcomes.

Collaboration with pharmacists

Safe prescribing relies on coordinated efforts between GPs, pharmacists, and patients. A strong positive working relationship between GPs, pharmacists and patients has been known to improve patient care and medication adherence, enhance safety, and act as a safety net that supports everyone in primary care:[4]

- Set up or continue to use established pathways for pharmacists to flag potential patient safety concerns or review needs, e.g. ReCare, a secure platform that enables communication and information sharing between pharmacists and general practice teams.
- Collaborate with pharmacists to clarify which medications are suitable for extended prescriptions and any associated monitoring requirements.
- Develop and reinforce communication channels that facilitate timely discussion of patient care issues.

Adopting an in-house policy

Factors that practices should consider when developing their own in-house policy:

1. **Age and life stage of patient:** Consider infants and children, adolescents, pregnant patients, older adults (65+) who typically require closer monitoring – 12-month prescriptions may not be suitable.
2. **Chronic conditions:** Consider patients with multiple or unstable conditions and patients taking multiple medicines (polypharmacy) who may require shorter intervals for timely review and adjustments.
3. **Adherence:** Assess patients' ability to manage medications safely, as well as their caregiver/whānau support, before extending prescriptions.
4. **Continuity of care:** Consider attendance at reviews and follow-ups – a minimum of annual review is required, or earlier if clinically indicated.

REFERENCES

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2. Medical Council of New Zealand. Good prescribing practice; 2024 Feb. Available from: https://www.mcnz.org.nz/assets/standards/Resources/Good-prescribing-practice.pdf
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4. Addison C, Taylor D. Good relations: Supporting doctors and pharmacists to work together. New Zealand Doctor. 2023 Jun 21.