



25 May 2026

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Tēnā koe

RNZCGP Submission – Pharmac: Review of the Exceptional Circumstances Framework

Thank you for the opportunity to provide comment on the Exceptional Circumstances Framework.

We note that legislation in the Pae Ora (Healthy Futures) Act 2022 requires Pharmac to have a system, or framework, that allows people funded access to medicines not listed on the Pharmaceutical Schedule, or listed for a different indication, when their circumstances do not fit the usual funding process.

The Pharmac review of the Exceptional Circumstances Framework is a significant undertaking for New Zealand's primary care workforce and a critical opportunity to improve access to lifesaving or life-improving medicines that fall outside the standard funding list.

The proposal will have both direct and indirect implications for how GPs deliver care, particularly where current framework settings and access pathways underserve Māori, communities experience socio economic deprivation, and populations whose needs are not well served by standard funding processes.

Our position

The Royal New Zealand College of General Practitioners (the College) is committed to achieving Māori health equity, honouring Te Tiriti o Waitangi, and upholding Māori health rights. We consider equity to be essential design features of an effective exceptional circumstances system, not an 'add-on.' Settings should support whānau-centred, culturally safe care and ensure people who are underserved by the health system can access timely treatment, while avoiding additional unfunded administrative burden being shifted onto general practice and providers delivering care in our underserved communities.

Key points:

General practice is a key access point for peoples belonging to groups who are underserved by the health system. When the exceptional circumstances pathways are hard to navigate or create avoidable barriers, the impact is felt most strongly in general practice and in communities already experiencing inequity.

- The current requirement for specialist-led applications under the Named Patient Pharmaceutical Assessment (NPPA) can create an additional equity barrier for Māori, Pacific peoples, rural communities and whānau experiencing socio-economic challenges, particularly where specialist access is delayed or unaffordable.
- The framework should be clearer, more consistent, and more transparent for patients and clinicians, with pathways designed to respond proportionately and equitably to populations with urgent, complex, and rare conditions.
- The revised framework should embed equity throughout (including whānau-centred, culturally safe approaches and Te Tiriti-consistent partnerships with Māori) and avoid transferring unfunded

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administrative workloads to general practices and providers in communities who are underserved by the health system.

Recommendations

1. **Enable GP-led applications where clinically appropriate**, recognising GPs as vocationally registered specialists working within their scope of practice.^{1,2}
2. **Reduce equity barriers created by specialist access requirements** (geographic, cost, wait-times), and design pathways that support effective health service delivery among rural and communities who live in areas with high socio-economic deprivation.^{3,4}
3. **Clarify and recalibrate the NPPA principles ‘gatekeeping’ step** so clinically urgent and genuinely end-of-options cases are not excluded before clinical assessment.^{5,6}
4. **Improve transparency and communication** about decisions, including clearer reasons for decline and improved guidance on relevant evidence.⁷
5. **Implement changes in a staged, supported way**, including system-level equity mechanisms (such as routine equity monitoring of volumes, approvals, and time-to-decision by ethnicity, geography, socio-economic deprivation, and disability) and minimising unfunded administrative transfer to general practice and Māori health providers.^{8,9}

Feedback on consultation questions (Q1–Q5)

Q1. What is your experience of the Framework?

Pharmac data shows most exceptional circumstances applications are initiated in secondary/tertiary care. In practice, this can limit access for patients who face long waits, travel barriers, or cost barriers to specialist appointments.

A revised framework should also be workable in primary care, including for rural and underserved communities and individuals. From a general practice perspective, the Framework is most relevant when patients have exhausted funded options or have clinically urgent, complex, or rare circumstances that fall outside usual funding settings.

- General practice is a key access point for people who are underserved by the health system, and where exceptional circumstances pathways are hard to navigate or rely heavily on specialist initiation, the impacts are felt most strongly in primary care and in communities already experiencing inequity.
- In practice, access can be constrained by wait times, travel and cost barriers to specialist appointments, and administrative complexity, which can delay timely treatment and shift unfunded coordination and advocacy work to general practices.
- The process should support whānau-centred, culturally safe care, continuity of care and flexibility for longer consultations where required, and any changes designed so that compliance and documentation expectations do not fall disproportionately on Māori providers, Māori clinicians, or practices serving communities that are typically underserved by the health system, without proper resourcing.

Q2. What do we need to change?

We recommend changes that make exceptional circumstances pathways more workable in primary care and remove inequitable access created by current framework settings. In particular:

- Enable GP-led applications where clinically appropriate (including recognising vocationally registered GPs as specialist general practitioners within scope).

- Reduce equity barriers created by specialist access requirements (geography, cost, and wait times); clarify and recalibrate the NPPA ‘gatekeeping’ step so clinically urgent and end-of-options cases are not excluded before clinical assessment.
- Improve transparency and communication about decisions (including clearer reasons for decline and clearer guidance on evidence requirements).
- Implement any changes in a staged, supported way that embeds equity mechanisms and avoids transferring unfunded administrative workload to general practice.

Q3. What improvements would you consider?

The improvements we encourage Pharmac to include are:

- Proportionate pathways that work in primary care (including for rural and underserved communities).
- Fit-for-purpose approaches are needed where standard pathways do not respond well to urgent cases, complex presentations, and rare disorders/small populations, alongside clear, consistent, plain-language guidance on eligibility, evidence requirements, and reconsideration
- Greater transparency in decision-making (including meaningful reasons for decline); proactive equity monitoring (e.g., volumes, approval rates, and time-to-decision by ethnicity, geography, socio-economic deprivation, and disability) to identify barriers early.
- Operational support that minimises unfunded administrative transfer to general practices and providers in communities typically underserved by the health system.
- We support meaningful and power sharing partnerships with Māori in both design and implementation to ensure settings are workable and culturally safe.

Q4. Do you feel the current system supports equitable access to medicines for all New Zealanders?

Overall, we do not consider the current settings consistently support equitable access to medicines for all New Zealanders.

To mitigate this, equity should be integrated throughout the revised Framework, from pathway settings through to implementation and monitoring. Design and implementation should be consistent with Te Tiriti principles, including meaningful partnership with Māori and support for Māori-led models of care. We encourage strengths-based, whānau-centred approaches that avoid framing Māori health needs as ‘exceptional’ in ways that increase administrative complexity, and that ensure pathway requirements, including eligibility thresholds, evidence standards, and who can apply, do not inadvertently exclude people who face barriers to specialist access or digital navigation.

- Key requirements (such as reliance on secondary specialist-led initiation and complex navigation) interact with known access barriers and can disproportionately disadvantage Māori, Pacific peoples, rural communities, disabled people, and people residing in areas of socio-economic deprivation or who may experience socio-economic challenges.
- Delays and complexity can worsen outcomes and increase acuity by the time patients present to general practice, while also shifting unfunded advocacy and coordination work onto primary care and Māori providers.
- We encourage strengths based, whānau centred approaches that avoid framing Māori health needs as ‘exceptional’ and ensure pathway requirements do not reproduce inequity through specialist access barriers, or restrictive eligibility settings.
- The framework should include a clearer, proportionate approach for rare disorders and exceptionally small populations where there is urgent unmet need.

Q5. Is the current information on Pharmac’s website easy to understand and navigate?

We support Pharmac improving how information about the Framework is presented so it is easier for both clinicians and patients/whānau to understand and navigate.

- Clear, consistent plain-language guidance would reduce confusion and help prevent inequities caused by differences in people’s ability to understand and act on information, including evidence requirements, expected timeframes, how decisions are made, and how to seek reconsideration.
- Information should be easy to locate, culturally safe, and designed to support people who may have limited time, digital access, or health literacy.

Summary

We support Pharmac’s work to strengthen the Exceptional Circumstances Framework, so it better reflects wider social impacts and outcomes, including effects on whānau, participation in work and education, and caregiver burden, where these are relevant to achieving the best health outcomes. These impacts are often greater where the health system does not provide timely, appropriate, and responsive access, particularly for populations already underserved by existing service funding settings. General practice is well placed to provide longitudinal evidence of these effects, and this approach aligns with government expectations for Pharmac decision-making.

We reinforce the value of general practice as a recognised vocational scope under the Health Practitioners Competence Assurance Act 2003, which recognises GPs as specialists. The revised framework should permit GP-led applications when GPs are acting within scope and serving as the patient’s clinical lead. This would improve timeliness of access and help address inequities created by requiring specialist initiation, particularly for Māori, rural communities, and people living in socio-economically deprived areas.

Nāku noa, nā



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