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

28 August 2026

Pharmac | Te Pātaka Whaioranga
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By email: consult@pharmac.govt.nz

Tēnā koutou

The Royal New Zealand College of General Practitioners (the College) thanks Pharmac for the opportunity to provide input on proposed changes to the Practitioner Supply Order list and rules.

The College is the professional body and postgraduate specialist education college for general practitioners and rural hospital doctors in Aotearoa New Zealand. We represent more than 6,000 specialist GPs and rural hospital doctors, comprising approximately 40 percent of New Zealand's specialist medical workforce. Our motto is Cum Scientia Caritas — with knowledge, compassion.

Our position

The College supports the proposal to expand the Practitioner Supply Order (PSO) list and to amend the Schedule General Rules which govern the intended use of PSO supplies. Expanded PSO access can enable timely, clinically appropriate treatment at the point-of-care, and can reduce unnecessary barriers between assessment and treatment, particularly for common, same-day presentations in general practice. Our support is subject to safeguards around clinical governance, medical stewardship, equity, and implementation. We also ask that Pharmac recognise and approach the proposed changes as an adjustment to the model-of-care in general practice, not simply an expansion of the medicines list, and address the clinical governance, medicines-management, infrastructure, workforce, and funding implications we have raised. Te Tiriti o Waitangi and equity should also be implemented across design and evaluation of the proposed adjustments.

Expanded PSO access as a model-of-care change

The proposed additions are concentrated in medicines used for common acute presentations that general practice teams may reasonably treat at the point-of-care (e.g., skin, allergy, eye and ear conditions, pain, hydration and infection). Where point-of-care supply enables timely, clinically appropriate treatment, and removes an unnecessary step between assessment and treatment, the College supports it.

We ask Pharmac to recognise however that expanding what medicines practices hold and supply directly changes how care is delivered; affecting how practices hold and rotate stock, how multidisciplinary teams manage workflow, how administration or supply is documented, and how practices coordinate with community pharmacy. If treated only as a list update, the proposals risk shifting unfunded medicines-management and clinical governance work onto practices. The College therefore recommends that Pharmac consider the associated clinical governance, workforce, medicines-management, infrastructure, systems and resourcing requirements as an explicit part of the model and its implementation.

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This should include practical implementation guidance and consideration of how practices with different infrastructure, workforce capacity and patient populations can participate safely and sustainably. In particular, implementation should not disadvantage practices serving communities likely to benefit most from improved point-of-care access. This will help ensure the proposed changes strengthen, rather than strain, general practice.

Te Tiriti o Waitangi and Equitable Access to Medicines

Current rural PSO arrangements, which are proposed to be expanded to non-rural settings, recognise geographic distance from a pharmacy as a barrier to accessing medicines [1, 2]. The College supports this recognition and considers there is an opportunity for future PSO settings to respond more broadly to demonstrated patient and population need, including other barriers to timely medicines access.

Te Tiriti o Waitangi and equity should be embedded across the design, implementation and evaluation of the expanded PSO model. This is consistent with Pharmac's commitment to improving equitable access through evidence-based approaches, including its focus on people living in areas of high deprivation or experiencing overlapping disadvantage, and its stated priority of engaging with underserved communities, including Māori [3].

The College recommends that Pharmac demonstrate how Māori have been involved in the development and evaluation of the model, consider whether PSO settings appropriately respond to barriers to medicines access experienced by Māori and other populations experiencing inequitable access, and evaluate the impact of the model by ethnicity and other relevant equity measures, including access to and timeliness of treatment. This will help establish whether expansion of the PSO model is improving equitable access to medicines and will inform future development of the model.

Medicines governance, implementation, and patient safety

The College supports the proposed additions and amendments to the Schedule General Rules. Expanding the range of medicines available through PSO should be accompanied by clear, proportionate implementation guidance that supports safe and appropriate use within general practice.

Some of the proposed medicines have particular considerations that should be reflected in implementation guidance. These include antimicrobial stewardship for antibiotics such as cefalexin, safe and appropriate use of codeine and NSAIDs, and appropriate administration of injectable medicines such as triamcinolone acetonide. The College's focus is on ensuring the proposed additions can be implemented safely and effectively in general practice. We do not recommend any additional medicines for inclusion at this time.

We suggest that clinical governance and implementation guidelines incorporate:

- **prescribing and clinical accountability**: clear responsibilities for clinical decision-making, administration and supply under a PSO;
- **authority to administer or supply**: clarity about who many administer or supply medicines obtained on PSO, including the relationship with standing orders, scopes of practice and other relevant authorities;
- **documentation**: consistent recording of administration or supply at the point-of-care, supported by existing clinical information systems wherever possible;
- **medicines management**: appropriate ordering, storage, stock rotation, expiry management, cold-chain requirements where relevant, and disposal of unused or expired stock; and
- **monitoring and continuity**: mechanisms for monitoring appropriate PSO use and ensuring point-of-care supply is documented and visible within the patient's ongoing care.

Evaluation and monitoring of implementation

The College supports ongoing evaluation of the expanded PSO model and notes that a non-rural pilot has informed this proposal. We recommend that Pharmac publish the findings of the pilot evaluation to support transparency and understanding of the evidence informing the proposed changes.

Following implementation, Pharmac should monitor the uptake and impact of the expanded model, including patterns of medicine use, relevant medicines safety and stewardship indicators, additional workload and costs for practices, medicines wastage and any unintended consequences. This should complement the evaluation of equitable access and outcomes outlined above.

Closing

The College welcomes Pharmac's move to make timely, point-of-care treatment easier in general practice and supports the proposed amendments to the Schedule General Rules, which better reflect current general practice use. Our support is subject to the safeguards and recommendations set out above.

Nāku noa, nā

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References

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