

20 April 2026

Pharmacy Council of New Zealand
Level 7
22 The Terrace
Wellington 6143

Sent via email to: consultations@pharmacycouncil.org.nz

Dear Sir/Madam,

Re: Consultation on registration of New Zealand pharmacists – proposed changes to the Recognised Equivalent and non-Recognised Equivalent Qualification Routes

Thank you for the opportunity to provide feedback on the above consultation. The Pharmacy Guild of New Zealand (the Guild) represents community pharmacy owners and advocates for a sustainable, high-quality, and equitable professional environment for pharmacists.

We strongly support the intent of these proposed changes. The profession continues to operate under sustained workforce pressure, and streamlining registration pathways for suitably qualified overseas-trained pharmacists is necessary and appropriate. Reducing unnecessary barriers, modernising outdated processes, and aligning with international mobility trends are all sensible and timely steps.

Our feedback is not intended to slow or impede implementation but is focused on ensuring that the proposed model is safe, consistent, and sustainable in practice, particularly given the shift toward greater reliance on workplace-based competency assurance.

While we support all proposed amendments in principle, it is critical that the practical implications are fully considered to ensure the changes deliver their intended benefits without introducing unintended risks or system pressures.

1. Proposed changes to registration processes for the non-Recognised Equivalent Qualification Route (non-REQR) pathway

We support the proposed changes, including:

- Renaming the pathway to the Assessment Pathway.
- Replacement of KAPS with OPRA.
- Allowing the New Zealand Pharmacy legislation course to be completed during the Intern phase to reduce delays to workforce entry.

These changes are pragmatic and will materially improve timeliness of entry into the workforce, while removing unnecessary administrative and process-related bottlenecks.

Timing of legislative competence

We note, however, that moving completion of the New Zealand Pharmacy legislation course to a requirement for pharmacist registration introduces a practical risk. Under the proposed model, overseas-qualified Intern pharmacists may commence patient-facing practice without formal grounding in New Zealand's legislative and regulatory framework.

While we understand the workforce rationale and acknowledge that Interns will be practising under supervision, this change shifts greater responsibility onto supervising pharmacists and workplace-based training systems. In practice, this may result in variability in how legislative requirements are understood and applied, particularly across settings with differing supervisory capacity, and increases the reliance on already stretched pharmacists to provide structured onboarding in addition to their existing responsibilities.

Recommendations

To mitigate this risk while preserving the intent of streamlining, we recommend introducing a minimum legislative onboarding requirement prior to patient-facing practice, even if the full course is completed later in the Intern phase. This could take the form of a short, mandatory foundational module covering medicines legislation and regulatory framework, controlled drug requirements, prescribing, dispensing, and supply rules, and supervision and delegation responsibilities. This would provide a consistent baseline for safe early practice, while maintaining accessibility and flexibility within the pathway.

2. Proposed changes to registration processes for the Recognised Equivalent Qualification Route (REQR pathway)

We support the proposed changes, including:

- Renaming the pathway to the Comparable Pathway.
- Broadening eligibility regardless of country of initial qualification.
- Removal of the CAOP examination.
- Recognition of prior registration (not limited to current registration).

These changes are pragmatic and better reflect the realities of global workforce mobility, appropriately recognising that competence is more closely linked to professional registration and practice experience within a comparable health system than to the country of initial qualification alone.

Decoupling qualification from registration

The proposed model places primary weight on registration in a comparable jurisdiction, rather than on where the qualification was obtained. While this increases flexibility and accessibility, it introduces greater variability in educational background, training pathways, clinical exposure and scope of practice. This variability is manageable, but it requires a clear and consistent framework to ensure that all applicants entering via this pathway meet an appropriate and comparable standard for practice in New Zealand.

Removal of the CAOP examination

The removal of the CAOP examination eliminates a standardised pre-registration assessment checkpoint. While we acknowledge that the utility of CAOP exam was limited in practice, its removal creates a gap in terms of consistent benchmarking across applicants and increases reliance on discretionary decision-making and workplace-based competency assurance, reinforcing the need for clear, transparent, and consistently applied criteria within the pathway.

Recognition of previous registration

Allowing eligibility based on previous, rather than current, registration is a reasonable and enabling change. However, without defined parameters, it may introduce risk in situations where there has been a significant gap in practice or clinical knowledge, skills may not be current, or there is limited evidence of ongoing professional competence.

Recommendations

To maintain safety and consistency without undermining the intent of streamlining the pathway, we recommend that Council:

- Introduce a clear recency of practice requirement, such as, evidence of practice within the last 3-5 years, or demonstration of maintained competence through continuing professional development or equivalent.
- Define minimum practice experience expectations within a comparable jurisdiction, including consideration of scope and level of responsibility.
- Incorporate a targeted New Zealand practice readiness component, such as a strengthened law and ethics requirement, and/or a structured orientation to New Zealand practice, systems, and professional expectations.

This would provide a proportionate level of assurance, support consistency in decision-making, and reduce reliance on variable workplace-based assessments, while still enabling a more efficient and accessible registration pathway.

3. Removal of CAOP and the shift to post-registration controls

Across the proposed changes to the Comparable Pathway, there is a clear shift toward reducing or removing pre-registration barriers, and managing risk through post-registration supervision, practice-based assessment, and workplace controls.

We support this overall direction, as a more flexible, risk-based approach to registration is appropriate and aligns with the need to improve workforce accessibility. However, this represents a fundamental shift in how competency assurance is managed within the system.

In effect, the removal of standardised pre-registration checkpoints, such as the CAOP examination, increases reliance on employers and supervising pharmacists to assure competence in practice. While workable, this introduces risks including variability in supervision quality across practice settings, inconsistent application of competency expectations, and delayed identification of competency gaps. Without appropriate structure and support, this variability may impact both consistency of outcomes and patient safety.

To support safe and sustainable implementation of this model, we recommend that Council ensures:

- Supervision requirements are clearly defined, standardised, and consistently applied across all practice settings.
- The roles, responsibilities, and expectations of supervising pharmacists are explicit, including what is required in terms of oversight, assessment, and sign-off.
- There is appropriate recognition of the increased burden placed on the profession, with consideration given to time and workload implications, training and support for supervisors, and access to clear guidance and tools to support consistent decision-making.

Consideration should also be given to how consistency of workplace-based assessment will be monitored and supported at a system level, to ensure that outcomes are equitable regardless of practice setting.

4. Use of “deemed equivalent” criteria

The proposed framework places significant reliance on Council discretion with “deemed equivalent” criteria, including qualifications, experience, and assessments.

We acknowledge that a degree of flexibility is necessary and appropriate, particularly with increasing global workforce mobility and diverse training pathways. However, a framework that relies heavily on discretionary judgement introduces potential risks, including:

- Variability in decision-making across applicants.
- Reduced transparency for both applicants and the profession.
- Perceived or actual inconsistency in standards applied.
- Challenges in demonstrating fairness and defensibility of decisions.

Over time, this may impact confidence in the pathway if decisions are not clearly understood or appear to vary without a transparent rationale.

We recommend that Council develop and publish clear assessment frameworks and guiding criteria to underpin “deemed equivalent” decisions, which should include:

- Defined baseline criteria for what constitutes equivalence in qualifications, experience, and assessment.
- Structured decision-making frameworks to support consistent application across cases.
- Clear documentation of thresholds or expectations, including how factors such as scope of practice, recency, and clinical exposure are assessed.
- Transparency of process, so applicants and the profession understand how decisions are made.

This would promote consistency and equity in decision-making, provide greater clarity and certainty for applicants, support the profession’s confidence in the integrity of the pathway, and strengthen the defensibility of Council’s decisions from a regulatory and public accountability perspective, while retaining necessary flexibility.

5. Movement of requirements from Gazette to policy

We note that certain requirements, such as supervised practice and law and ethics assessments, are proposed to remain in place but will no longer be specified in the Gazette as prescribed qualifications, instead managed through Council policy.

While we understand the intent of increasing flexibility and enabling more responsive updates, this shift raises some important considerations, where moving key requirements from a formal regulatory instrument to policy may:

- Reduce visibility and clarity of core requirements for applicants and the profession.
- Enable future changes to be made without the same level of consultation and scrutiny.
- Create uncertainty regarding the status and durability of key safeguards over time.

From a professional and public safety perspective, we believe it is important that fundamental components of competence remain clearly anchored within a stable and transparent regulatory framework.

We recommend that core patient safety requirements are retained within the formal regulatory framework, with supporting detail and operational aspects managed within policy. This would ensure that:

- Critical safeguards remain visible, stable, and subject to appropriate oversight.
- Any substantive changes to key requirements continue to undergo appropriate consultation.
- There is clear distinction between foundational regulatory requirements and more flexible, operational policy settings.

6. English language requirements

We note that English language competency may be required within the proposed framework, however, it is not explicitly embedded within the prescribed qualifications. Given the critical importance of communication in pharmacy practice, we consider this a fundamental patient safety requirement. Effective communication underpins patient counselling, clinical decision-making, interprofessional collaboration, and the safe interpretation and application of prescribing information. Any gaps in language proficiency have the potential to directly impact patient outcomes.

We strongly recommend that English language competency is:

- Clearly articulated as a core requirement across all registration pathways.
- Underpinned by defined minimum standards, aligned with recognised and validated measures (e.g., IELTS or equivalent).
- Applied consistently and transparently across all applicants, regardless of pathway.
- Explicitly positioned as a patient safety requirement, rather than an administrative or discretionary consideration.

Consideration should also be given to how English language competency is assessed in the context of real-world practice, including communication with patients, whānau, and the wider healthcare team.

7. Changes to the returning to practice pathway

We support the proposed move away from requiring full re-completion of the Intern Training Programme and Assessment Centre for pharmacists returning to practice after an extended period (e.g., 8+ years). This is a proportionate and pragmatic change that recognises prior qualification and experience and avoids unnecessary duplication.

However, replacing this with self-assessment, learning plans, and supervision alone may be insufficient in isolation to ensure safe and consistent re-entry to practice. Pharmacy practice, regulatory requirements, and models of care evolve significantly over time, and pharmacists returning after a prolonged absence may face gaps not only in clinical knowledge, but also in areas such as legislation, funding rules, digital systems, and models of care. Self-assessment alone may not reliably identify these gaps, and reliance on workplace supervision may result in inconsistent outcomes.

We recommend that Council ensures the framework includes:

- A structured and objective competency assessment component, proportionate to time out of practice, to provide an independent measure of readiness.
- Clearly defined supervision expectations, including scope, duration, and responsibilities of supervising pharmacists.
- Guidance on minimum learning or upskilling requirements, particularly in areas of legislative, clinical, and system change.

Such an approach would provide an appropriate balance between recognising prior experience and ensuring current competence, while also supporting supervising pharmacists and employers with clearer expectations.

8. System-level consideration: workforce versus risk transfer

The proposed changes are clearly designed to address workforce shortages, which we strongly support. Improving accessibility to registration pathways and enabling timely entry of suitably

qualified pharmacists into the workforce is both necessary and appropriate. However, when considered collectively, these changes represent a broader system-level shift in how risk is managed, where there is a move away from centralised, standardised entry controls toward a more decentralised model, and competency assurance is increasingly managed through workplace-based supervision, assessment, and professional judgement.

This is a legitimate and supportable policy direction, however, it is important that this shift is explicitly recognised and actively managed. In practice, this approach transfers a greater proportion of responsibility for ensuring competence and safe practice to employers, supervising pharmacists, and the wider profession. Without appropriate structure and support, there is a risk that this may lead to:

- Increased variability in competency assurance across practice settings.
- Greater reliance on individual supervisors to identify and manage gaps in competence.
- Additional workload and accountability for an already stretched workforce.
- Potential inconsistencies in outcomes and experience for both practitioners and patients.

We strongly encourage Council to clearly articulate this shift and ensure that it is supported by appropriate system-level safeguards, including:

- Clear and consistent minimum standards at entry to practice, to reduce variability and reliance on workplace correction.
- Defined and supported supervision frameworks, including guidance, tools, and expectations for supervisors.
- Recognition of the impact on the profession, including workload and resourcing implications.
- Ongoing monitoring and evaluation of outcomes, to ensure the model is functioning as intended and not introducing unintended risks.

While increasing flexibility and workforce access is critical, it must be balanced with maintaining consistency, safety, and sustainability within the system. Ensuring that this shift is well-supported and transparently implemented will be key to maintaining confidence in both the registration framework and the pharmacy profession.

We look forward to continuing to work with Council to ensure these changes are implemented in a way that supports both workforce sustainability and safe, high-quality patient care. If you have any questions about our feedback, please contact our Senior Advisory Pharmacists, Martin Lewis (martin@pgnz.org.nz, 04 802 8218) or Cathy Martin (cathy@pgnz.org.nz, 04 802 8214).

Yours sincerely,



Nicole Rickman

General Manager – Membership and Professional Services