



PHARMACY GUILD
OF NEW ZEALAND

Election 2026 edition

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Magazine for members of the
Pharmacy Guild of New Zealand

Contact

Election 2026: Politicians answer the big pharmacy questions

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With the 2026 general election coming up, we approached the health spokesperson of the six political parties currently represented in parliament, or polling above 4.5%, and offered them the opportunity to respond to a series of pharmacy questions.

We gave a limit of 200 words per question and made it clear that this opportunity was being offered to all parties.

Questions were sent to: ACT (Todd Stephenson), Green (Hūhana Lyndon), Labour (Dr Ayesha Verrall), Māori (Debbie Ngarewa-Packer), National (Simeon Brown), New Zealand First (Jenny Marcroft), and Opportunity (Qiulae Wong).

All responses are listed alphabetically by party.

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QUESTION: We believe that requiring community pharmacies to be majority owned by pharmacists ensures that patient focused care, not profit, is the focus of pharmacy practice. What is your party's position on pharmacy ownership rules?

ACT

ACT would remove the requirement for pharmacies to be majority owned by pharmacists, while retaining strict requirements that pharmacies are staffed by qualified pharmacists and meet professional and safety standards.

We believe pharmacy regulation should focus on the quality and safety of clinical services rather than who provides the capital behind the business. The current ownership and proximity rules can make it harder for pharmacy owners to bring in investment, plan for succession, sell their business, or establish services in communities where access is limited.

ACT would modernise these rules to give pharmacy owners more flexibility, support investment and succession, and make it easier for pharmacies to open and remain viable, particularly in smaller communities.

Green

The Green Party supports rules that keep community pharmacy centred on patient care, professional independence, and local accountability. Pharmacist ownership helps protect the trusted health role pharmacies play in communities, particularly where people face barriers to seeing a GP. We would be supportive of regulation that supports managing the risks associated with increased corporate control or shifting the focus from care to profit, including requiring pharmacies to be majority pharmacist owned.

Labour

Community pharmacies that have close and often long-standing relationships with their communities and customers are incredibly valuable as a source of trusted health advice. Community pharmacists we've spoken to recently have noted they can often serve patients over decades, always taking the time to make sure they are looked after and have the information they need.

We are opposed to the proposed deregulation of pharmacy ownership. In Government we will review the Medicines Act and look to strengthen pharmacy ownership rules, to ensure they prioritise patient care over company profit.

As health services are stretched under National's cuts, we're committed to strengthening community pharmacies and the care they provide. Removing the \$5 prescription co-payment on prescriptions makes medicine affordable, while levelling the playing field with corporate pharmacies, who are able to use free prescriptions as a loss leader.

Māori

Te Pāti Māori supports maintaining the requirement for community pharmacies to be majority owned by pharmacists. Patients should always be put before profit.

National

Cabinet has agreed to changes of the Medical Products Bill led by Hon Casey Costello, Associate Minister of Health. National will be listening and considering submissions as the Bill progresses through a rigorous select committee process. National will have more to say on its election policy on health in due course.

New Zealand First

New Zealand First supports ownership settings that protect the professional integrity and patient-centred role of pharmacists. We recognise that majority pharmacist ownership has historically ensured high clinical standards, but we also acknowledge that the current model has been eroded through commercial workarounds such as large corporate structures.

Our priority is safeguarding access to community pharmacy services, especially in small towns and rural areas where the traditional ownership model is no longer commercially viable. Low margins and decades of under-funding mean many qualified pharmacists cannot realistically invest in a standalone business.

We therefore support a flexible ownership framework that maintains pharmacist leadership and accountability while enabling innovative models such as integrated health hubs, Māori and Pasifika providers, and rural health partnerships to operate sustainably. The goal is to preserve the core professional responsibilities of pharmacists while ensuring communities do not lose their local pharmacy due to rigid ownership rules.

Opportunity

Opportunity supports the current requirement for majority pharmacist ownership, and we are not proposing to change it.

QUESTION: Community pharmacy has recently been funded to provide a common conditions service to increase access to care and ease pressure off general practice. Does your party support expanding the range of funded services provided by community pharmacies?

ACT

Yes. ACT's Pharmacy First policy would fund pharmacists to treat a wider range of common conditions, order appropriate blood tests, and monitor stable hypertension, type 2 diabetes and high cholesterol, including adjusting medication within limits set by a patient's GP.

We would also pilot pharmacy-based checks for concerning skin lesions, using trained pharmacists and clear referral pathways.

Clear clinical rules would determine when patients should be referred to a GP or specialist, with GPs retaining overall clinical responsibility where appropriate.

Read more:

<https://www.act.org.nz/let-pharmacies-do-more>

Green

Yes. The Green Party supports expanding funded community pharmacy services where this improves access, reduces pressure on general practice and emergency departments, and is backed by safe scope-of-practice, training, and fair funding. Expansion must be designed with pharmacists and communities, not imposed without resourcing.

Labour

Yes, we're supportive of increasing patient access to care and supporting community pharmacies to develop the services they can offer and have a strong track record on enabling pharmacies to do so. Our focus is on striking the right balance between supporting pharmacies to deliver care, while ensuring staff are not stretched beyond capacity, and will work closely with the health sector to ensure changes are appropriate and sustainable.

Māori

Te Pāti Māori supports any initiative that increases access to healthcare, we support expanding the range of funded services provided by community pharmacies.

National

National supports expanding the range of funded clinical services delivered through community pharmacies, with appropriate clinical safeguards.

Since 2 June 2026, participating pharmacists have been able to assess eligible patients, provide consultations and directly supply funded treatments for specified conditions.

These include pain and fever management and oral rehydration for children, scabies, head lice, conjunctivitis, uncomplicated urinary tract infections and emergency contraception.

This gives families another convenient and affordable route to care without always needing to wait for a GP appointment or pay the full over-the-counter cost.

The Government initially established a \$5 million-a-year Extended Pharmacy Services Fund to support nationwide delivery, including in rural and remote communities. In June 2026, annual funding for expanded clinical services was increased to \$11.9 million, specifically enabling pharmacists to provide funded medicines and treatment for more common conditions.

Community pharmacies are among New Zealand's most accessible health services. Making better use of pharmacists' skills means people can receive the right care earlier and closer to home, while reducing avoidable pressure on general practice and other parts of the health system.

National will have more to say on its election policy on health in due course.

New Zealand First

Yes. New Zealand First strongly supports expanding the range of funded services delivered through community pharmacies. Pharmacies are trusted, accessible health providers embedded in every community, and they play a critical role in relieving pressure on general practice and emergency departments.

We support building on the common conditions service and broadening the scope of funded care. This includes expanding pharmacist-delivered vaccinations, routine health checks, wound care and dressing changes, long-term condition monitoring, and structured nutrition and wellbeing advice.

Our approach is to treat community pharmacy as an essential part of primary care not simply a dispensing service. By enabling pharmacists to work at the top of their scope and funding them appropriately for clinical services, we can improve access, reduce wait times, and support better health outcomes for New Zealanders.

Opportunity

Yes. First-level care is the front door of the health system, and our platform names pharmacists alongside GPs, midwives and community allied health as part of it. Over the ten years of our Health Plan we will advocate to take first-level care from 5.7 per cent of Health New Zealand's spending to 10 per cent. That is the envelope services like the common conditions service are paid from.

The logic of the common conditions service is the logic of our whole platform. Care delivered earlier and closer to home costs less than the same problem arriving at an emergency department. Expansion should follow the evidence and the workforce capacity to deliver it, and should be funded properly rather than piloted and left.

QUESTION: Community pharmacy has been funded substantially below inflation for the last 20 years. Does your party support increased funding for community pharmacies to ensure the sector remains viable and New Zealanders maintain access to essential health services?

ACT

Yes, where additional funding pays pharmacies to provide more care. Community pharmacies are under financial pressure, and losing them would make healthcare harder to access.

ACT's Pharmacy First policy would expand the range of funded services pharmacists can provide, giving patients faster access to care while creating new revenue opportunities for community pharmacies. Our focus is on paying pharmacies to make better use of pharmacists' skills and deliver services that would otherwise often require a GP appointment.

Green

Yes. The Green Party believes essential primary and community health services must be properly funded so people can get care early, affordably, and close to home. Underfunding community pharmacy undermines access to medicines, advice, and frontline services, particularly in areas where other primary care options are already stretched. We support fair, sustainable funding that recognises rising costs, workforce pressures, and the growing clinical role of pharmacists.

Labour

Yes – initiatives such as the \$5 prescription co-payment on prescriptions will help to make care affordable, while also levelling the playing field with corporate-owned pharmacies. This is funded by a simple, targeted capital gains tax on profit from the sale of investment property, which will go straight back into the health system. We are interested in working alongside community pharmacy on initiatives which increase patient access, while supporting and strengthening the sector as a whole.

Māori

Te Pāti Māori supports increased funding for community pharmacies to ensure the sector remains viable and to ensure that all people in Aotearoa maintain access to essential health services.

National

National recognises that sustainable community pharmacies are essential to maintaining convenient local access to medicines, vaccinations, advice and increasingly wider clinical care.

In June 2026, Health New Zealand agreed to a 3.16 per cent funding uplift for community pharmacy services, worth \$26.6 million. This included a 3.16 per cent increase to pharmacy service fees, a matching increase for pharmacy immunisation services to maintain funding parity with general practice, changes to better support core pharmacy services, and \$11.9 million annually for expanded clinical services.

We have also listened to concerns about the financial impact of 12-month prescriptions. Health New Zealand has committed to implementing that policy on a fiscally neutral basis, with up to \$2 million available in 2025/26 and up to \$12 million in 2026/27 to support pharmacies experiencing a demonstrable negative impact. The allocation criteria are being developed with pharmacy representatives through the implementation advisory group.

We will continue working with the sector through pharmacy agreement processes to ensure funding supports viable core services, recognises genuine implementation impacts and enables pharmacies to deliver more care in their communities.

National will have more to say on its election policy on health in due course.

New Zealand First

Yes. New Zealand First recognises that community pharmacy funding has fallen well below inflation for two decades, creating significant financial strain and threatening the viability of many pharmacies.

Pharmacies are a critical part of the primary health system, yet the traditional retail component that once supported their business model has been eroded by online competition and large warehouse-style operators. Without modernising the funding framework, New Zealand risks losing essential community-based health infrastructure.

We support increasing baseline funding and expanding the scope of funded clinical services, so pharmacies are not reliant solely on dispensing margins. Strengthening the funding model will ensure pharmacies remain viable, accessible, and able to deliver essential health services particularly in rural and high-needs communities.

Opportunity

Our platform commits to three funding rules. Cost pressures are met in full every year across the whole system, measured by a published index covering wages, supplies, population growth and ageing. New announcements are funded on top of that index, not out of it. And funding is not cut in a downturn, because people do not get less sick during a recession.

Budget 2026 illustrates the problem. The cost of standing still was independently assessed at \$1.405 billion. The Budget provided \$1.37 billion, and every initiative announced alongside it came from that same funding. Under our approach, it would not.

We also support progressively lifting government health spending from about 7.4 per cent of GDP to 9 per cent over a decade, while growing the first-level share of Health New Zealand's spending within it.

A sector funded below inflation for twenty years does not recover through one Budget. It recovers through a funding path long enough to plan against.

QUESTION: Community pharmacy is facing significant workforce pressure, putting our ability to take pressure off general practice and emergency departments at risk. How would your party support the current and future pharmacy workforce and ensure our profession is sustainable?

ACT

ACT would let pharmacists use more of the skills they trained for by expanding their clinical role. We would also make it easier for Pharmacy Accuracy Checking Technicians to move between pharmacies without repeating courses, and shift pharmacy licence renewals from annual to five-yearly after the first year. New Zealand should train more pharmacists while allowing overseas recruitment where local vacancies cannot be filled.

Green

Pharmacists and pharmacy technicians are essential health workers, and expanding services will only succeed if the workforce is properly resourced. We would work with the sector on workforce planning, support more clinical training pathways, and ensure funding reflects the real time and expertise needed to deliver quality care. We also support measures that improve wellbeing and reduce burnout across the health workforce. A sustainable pharmacy profession is critical to accessible medicines, effective primary care, and reducing avoidable pressure on hospitals.

Labour

Labour is committed to ensuring early and preventative care is accessible and affordable, to ease pressure on the whole health system. We're committed to strengthening our health workforce through initiatives such as the Graduate Nurse Job Guarantee, while taking a long-term approach to planning for New Zealand's future needs. We will work with tertiary institutions to support the numbers of pharmacists and pharmacy technicians training, and ensuring there are secure and sustainable careers for them here in New Zealand. We're committed to working alongside the sector to enable the sustainable adoption of new technology, training and upskilling initiatives, and services offered by pharmacies fit both the long-term needs of pharmacies and the communities they serve.

Māori

Te Pāti Māori are committed to building the Health Workforce and System Capability. We will invest \$1 billion annually into health workforce development, including pharmacists, and we will expand the Māori workforce and training opportunities.

National

National values pharmacists and pharmacy staff as a highly skilled and accessible part of New Zealand's frontline health workforce. Supporting sustainability means enabling pharmacists to work at the top of their scope, reducing unnecessary barriers and ensuring expanded clinical work is properly funded.

We have removed the restriction that prevented pharmacist prescribers from owning or holding an interest in a pharmacy. This allows community pharmacists to pursue prescribing responsibilities while continuing to invest in or own their pharmacies, supporting more flexible models of care and greater access to prescription medicines.

Health New Zealand has also supported pharmacist prescribing and prerequisite postgraduate courses, pharmacist vaccinators to become whole-of-life authorised vaccinators, and placements for pharmacists and pharmacist prescribers in comprehensive primary and community care teams. Work has included improved systems to reduce pharmacy administration and improve the timeliness of claims and payments.

The \$11.9 million annual investment in expanded clinical services creates funded opportunities for pharmacists to use more of their clinical skills, while the wider funding uplift supports the services and staff communities rely on.

We will continue working with the profession on training, recruitment, retention and sustainable service delivery as the role of community pharmacy grows.

New Zealand First

New Zealand First is committed to strengthening the pharmacy workforce so pharmacists can continue reducing pressure on general practice and emergency departments.

First, we will ensure community pharmacies are recognised and funded as a core part of the primary care system, making the sector more viable and attractive for new graduates.

Second, we support pharmacists working at the top of their scope, including expanded clinical services, and will invest in professional development pathways that enable this.

Third, we will modernise the funding model so pharmacy businesses are sustainable and investible, improving recruitment and retention.

Finally, we support targeted workforce immigration to address immediate shortages while building long-term domestic training capacity. Our goal is a stable, well-supported pharmacy workforce that can deliver high-quality care across all communities.

Opportunity

When a training provider, a district and a professional body all know the size of the envelope ten years out, they can size intakes, fund supervision and build career pathways instead of bidding annually for the same money. We see our ten-year Health Plan as including funded workforce projections across the whole system.

Participating in the 2026 election

Are you ready to help us advance community pharmacy and engage this general election?

Members often ask how they can support our advocacy efforts and help raise the issues we are raising nationally at a local level. This is especially topical during the lead up to a general election when MPs and hopeful MPs (candidates) are out and about in their electorates. The below guidance will help you to engage this general election.

Make sure you are politically aware

You will know the name of the MP currently representing your local electorate, but do you know the names of the people standing in your electorate for the other parties? Have you contacted (called, emailed, written to) any of these people? Have you offered to talk to them about health and pharmacy issues?

You can also raise awareness by talking to patients. Do you make time to routinely talk to your patients about what you do for them – do you tell them that you check their medicines are safe and effective and won't have any interactions? Remember that MPs and candidates are patients too.

Keeping up to date

It is important to make sure that you are up to date with what is happening in the sector – funding changes, new services, key issues, and areas where pharmacy can make a difference. This will allow you to have useful and worthwhile conversations with candidates.

Current key issues include proposed pharmacy ownership changes, workforce shortages, open contracting policies, and unsustainable funding.

Get ready to engage

Have you attended a political meeting or event? Did you ask a pharmacy-related question?

The Guild put four questions to each party. Responses to these appeared earlier in this edition of *Contact*. You could ask a shortened version of one of these questions or something specific to your community. Where possible, focus your questions on pharmacy's benefit to patients, and don't be shy about politely letting candidates know how you think they can improve things.

Hosting an MP or candidate

MPs and potential MPs (candidates) will be keen to get out in front of voters. Take advantage of this by:

- Inviting local candidates into your pharmacy. You could also invite your local community newspaper to cover the visit – let the candidate know if this is happening.
- Inviting local candidates to speak at a local pharmacy meeting. This could be run with other pharmacy owners. Send invitations as soon as possible as there will be lots of groups trying to get time with candidates.

Getting prepared

- Brief staff about the MP/candidate visit. Tell staff who is coming and check they are okay to be present (if media are also attending) and involved.
- Note down the key issues you want to raise and run through these in advance to ensure you are ready to discuss them confidently.
- Stay on message and remember this is about building relationships.

During the visit

- Don't assume the MP or candidate understands community pharmacy and the topics and issues you are raising, give background and avoid using jargon.
- Offer them a tour of your pharmacy – you could show them your consultation room (provide some background on additional services your pharmacy offers), robotics/packing area (explain blister packing and the LTC service), etc.
- As well as asking your questions, ask the MP or candidate if they have any questions for you about healthcare or community pharmacy.

Remember to thank them for coming and follow up with an email or letter thanking them for their time and wishing them all the best for the election.

Keep the Guild in the loop

Please let us know of any election activity you participate in by emailing nicole@pgnz.org.nz. Please also reach out if you need any information or support with your local election activities.

Election checklist

- ☐ I know the name of my local MP and local candidates
- ☐ I am up to date on community pharmacy issues
- ☐ I know when local political events are being held
- ☐ I know what I will ask when I attend a political event
- ☐ I have invited my local MP/local candidates to visit my pharmacy
- ☐ I am ready to host an MP/candidate in my pharmacy and have prepared for the visit

Election manifesto:

Prioritising community pharmacy

Community pharmacy is the front door to the primary healthcare system, especially in rural communities, after-hours, weekends, and for patients struggling to access timely GP appointments.

Pharmacists are the health professional you see most often. They are highly accessible, highly trained and highly trusted healthcare professionals. More than 1.65 million patients visit community pharmacy every month, with pharmacies dispensing over 98 million medicines to patients in 2025.

Pharmacies and pharmacists need to be funded and enabled to continue, and to grow, the vital role they play supporting patients and reducing pressure on other parts of the health system, particularly general practice and emergency departments.

The below four priorities, if delivered, will ensure community pharmacy is financially sustainable and able to continue to support their patients and communities.

Priority one: Maintain majority pharmacist ownership of community pharmacies

Why this matters?

Current pharmacy ownership regulations serve patients well. Community pharmacies are conveniently located throughout the country, often open when other health providers aren't. There are no patient safety or service quality issues. Maintaining majority pharmacist ownership of pharmacies ensures this continues.

What will it achieve?

- Protects the community pharmacy sector from monopoly/duopoly risks.
- Stops 'pharmacy deserts' from emerging in rural and deprived areas.
- Prevents the need for re-regulation, as seen overseas following the introduction of open ownership.
- Prevents service withdrawal, with corporate owners focused on profits and retail sales over patients – this means a reduced service offering.

Priority two: Sustainably fund community pharmacy – and address years of chronic underfunding

Why this matters?

Over almost two decades, pharmacy dispensing fees have only grown at half the rate of inflation, compared to general practice funding, which has kept pace with inflation. Retail competition means pharmacy retail sales no longer cross-subsidise this shortfall. Without a significant 'catch up' and a process to ensure ongoing funding increases meet cost pressures, the community pharmacy sector's viability is at risk, in turn risking patients' access to medicines and pharmacy services.

What will it achieve?

- Ensures pharmacies remain open and accessible throughout the country.
- Prevents service withdrawal, as pharmacies may need to cut unfunded services or opening hours to cut costs and remain viable.
- Enables pharmacy owners to fairly pay their staff, supporting workforce retention and recruitment efforts.
- Gives pharmacies confidence to increase their service offering, thanks to a solid funding foundation.

Priority three: Implement a national contracting policy for access to a pharmacy funding agreement

Why this matters?

A national contracting approach means improved workforce stability, scale and efficiency across the community pharmacy sector, and it means the confidence to invest – in people, premises, technology and services – knowing the process for securing and keeping a contract is fair, consistent and focused on a sustainable sector, wherever you are in the country.

What will it achieve?

- Evaluates quality service provision when assessing applications for new pharmacy agreements.
- Gives pharmacy owners confidence to invest in technology, people, their premises, and services.
- Supports pharmacy mergers where it's sensible, creating bigger, more sustainable community pharmacies, able to offer more services and open longer hours.
- Helps address workforce shortages – unneeded new pharmacies currently employ staff from existing pharmacies, putting the sector's ability to offer new services at risk.

Priority four: Enable community pharmacists to do more and invest to ensure this continues

Why this matters?

Pharmacists are highly accessible, highly trained and highly trusted healthcare professionals and they can do more, if services are funded to support this role expansion. This could include treating common, long-term, and acute conditions, and continuing and initiating medicines, reducing pressure on other parts of the health system.

What will it achieve?

- Increased access to healthcare, particularly in areas with limited or delayed general practice access or closed books.
- Reduced burden on other healthcare services, including general practice, after hours clinics and emergency departments.
- Increased pharmacist scope of practice, supporting workforce retention and recruitment efforts.

The choice of needle length for vaccination

Dr Amber Young, University of Otago Senior Lecturer in Pharmacy Practice, discusses the importance of needle size to ensure effective vaccination.



When administering vaccinations, needle-length is an important consideration. The standard needle length can be inadequate for intramuscular deposition of vaccine in up to 45% of big-bodied adults in Aotearoa. Administering a vaccine subcutaneously instead of intramuscularly may increase the frequency and severity of injection site reactions, which could drive hesitancy and reluctance to receive further vaccination, and may result in reduced immune response.

Our immunisation guidelines recommend clinical judgement should guide assessment of which length of needle to use for vaccine administration. Recommendations state 38mm needles should be used for people who are 'very large or obese'. However, this terminology has been criticised as it does not account for potential variations in body fat distribution.

There are concerns about limited awareness of needle-length guidance to support vaccinators to make these clinical judgements, along with other barriers to the use of longer needles. These barriers include limited access, and for some, limited understanding of what an arm requiring a 38mm needle looks like.

Research in Aotearoa has identified that arm circumference measurement is a good indicator of ensuring intramuscular vaccination at the deltoid site, with males having an arm circumference of 35 cm or more and females of 30 cm or more requiring a longer needle to ensure intramuscular injection at the deltoid site¹.

In response to this, New Zealand researchers have developed a prototype tool to use at point-of-care to assess arm size when vaccinating big-bodied people. The tool is a synthetic tape with coloured bands that wraps around a person's arm to indicate when 25mm or 38mm needles would be the best option to use for vaccination.

Although the tool does not allow for differences between more muscular arms and those with more subcutaneous fat, it is not harmful to administer a vaccine slightly deeper into the muscle of a more muscular arm of a larger circumference and would provide greater certainty of IM delivery.



The usability and appropriateness of this tool have been researched with people who would be candidates for longer needles, and it was considered an effective and appropriate tool. When investigated with vaccinators in Māori and Pacific communities², it was well received and vaccinators believed the tool would support standardising practice and accuracy of needle selection, but they would need to have the tool and longer needles readily accessible to ensure efficient vaccine delivery.

For some participants, longer needles were not used because of lack of awareness or availability. Others identified that routine supply of vaccines with shorter needles already attached could pose another barrier to using longer needles. Interestingly, all participants in the study were surprised to see who would exceed the minimum circumference to need a longer needle. This identified a probable underestimation in judgement when deciding whether to use a longer needle in practice.

Researchers also call for increased guidance and training for sensitive communication around needle choice for big-bodied people to support safe patient-centred care and uphold patient dignity.

For a list of references, please email newsletter@pgnz.org.nz.

Standard needle length can be inadequate for intramuscular deposition of vaccine in up to 45% of big-bodied adults in Aotearoa.

Nutrition drinks: when food is not enough

Registered Dietitian Sarah MacAvoy explains how to support patients with poor nutrition, where food has not helped.



Poor nutrition can cause weight loss, tiredness, weak muscles, and slow wound healing. It is common in older people. One New Zealand study found that 93% of older people going into aged care were malnourished or at risk. Conversely good nutrition helps people keep their strength and energy. It can also help them recover from illness, stay independent, and feel better.

Oral nutritional supplements, or ONS, are special drinks or powders. They give extra energy, protein, vitamins, and minerals. They may help when a person cannot get enough from food. But they are not usually the first step. Improving food intake should be tried first.

Pharmacy teams can help spot people who may not be eating enough. They can give simple food advice and suggest more help when needed.

Questions to ask first

Before suggesting an ONS, ask a few simple questions. There may be a problem that a GP needs to check and treat.

→ Have you lost weight recently? If yes, how much?

AND/OR

→ Are your clothes, belt, watch, or rings looser?

→ Are you eating less than usual? If yes, why?

→ Do you have trouble shopping, cooking, or getting meals?

→ Do you have trouble chewing or swallowing?

→ Do nausea, constipation or pain make eating hard?

Try food first

Many people get tired of nutrition drinks, so they may stop using them. If they can eat more food, or eat more often, this may work better over time. Some older people still follow heart health advice from mid-life. As they get older, this advice may no longer meet their needs.



Encourage people to eat more often and choose foods that give more energy and protein.

- Eat three small meals and two or three snacks each day.
- Choose foods high in protein and energy, such as milk, yoghurt, cheese, eggs, meat, chicken, and fish.
- Add butter, margarine, or oil to meals where possible.
- Add sugar to tea or coffee if suitable or choose juice or cordial instead of plain water.
- Choose milk, smoothies, or other milk-based drinks. Products such as Complan may also help.

When a nutrition drink may help

An ONS may help if someone has lost a lot of weight in the last three to six months, has a poor appetite, or is recovering from illness or surgery.

Their GP should check why they have lost weight. Once the cause is known, a dietitian can give food advice that fits the person. A dietitian may also prescribe ONS if the person meets Special Authority rules.

Ready-to-drink products, such as Fortisip and Ensure Plus, are partly subsidised. Powders, such as Ensure Powder and Sustagen Hospital Formula, are fully subsidised. Powders can work as well, but they must be mixed, so they may not suit everyone.

Once prescribed, check that the person is drinking it, coping with it and still needs it.

Key messages

- Nutrition drinks are not usually the first step.
- Ask why the person wants to buy one.
- Look for ways to improve food intake first.
- Refer to a GP or Dietitian if you are worried about malnutrition or think a prescribed supplement may help.

Every great employee starts somewhere

– Supporting interns

Guild HR Advisor, Holly Allison, discusses the value of pharmacy internships.



Across New Zealand, many pharmacies offer placements for interns in the hope that they will become their next pharmacist. While recruitment challenges continue across the healthcare sector, internships provide an opportunity to build a pipeline of future talent and contribute to developing future team members.

The experience interns have during their internship often determines whether they see a future in your pharmacy. Managers and owners who invest time in supporting, developing, and engaging interns are more likely to create a positive experience that encourages them to stay long term.

For many pharmacy interns, this is their first exposure in the workforce. This means, they are transitioning from an academic environment into a fast-paced workplace. They will be balancing ongoing learning commitments, applying the knowledge gained through their study, understanding how to interact with patients and customers, and learning how to work as part of a team of healthcare professionals.

Setting up for success

We know that first impressions make a huge difference, so it pays to be organised early. The first few days and weeks should include training on key tools and systems, time with colleagues they will work closely with, and regular check-ins with their manager (or yourself) to share feedback and discuss progress. This can be as simple as a one-page plan outlining what they will be learning and doing during their first week.

Dedicated mentor for your intern

The preceptor's role is to teach and support the intern and act as their primary mentor throughout their internship. They should be their go to person for:

- Asking questions
- Receiving feedback
- Providing hands-on support to navigate challenges
- Checking progress against learning goals
- Practical insights from their mentor's career journey.



- They do not need to have all the answers but should be approachable, patient, and genuinely interested in helping the intern succeed. Regular check-ins, even for 15-20 minutes each week, can make a significant difference.

Provide regular feedback

Giving feedback early and often gives your intern the best chance to improve where needed. This includes recognising strengths as well as identifying opportunities for development.

We recommend a 15-minute check-in at the beginning of each week, focused on three questions:

- What went well?
- What could be improved?
- What support is needed to achieve that improvement?

Taking the next step

Do not wait until the end of the placement to discuss what the future might look like at your pharmacy. By then, your intern may already be considering other opportunities.

Well before they finish their internship, take time to discuss:

- What a career at the pharmacy could look like.
- The responsibilities of different roles within the pharmacy.
- Which areas your intern is interested in pursuing.

Every intern is different, and not everyone will stay long term. The internship is an opportunity for both you and the intern to determine whether it is the right fit and learn from the experience. Your next intern could become your next top performer, so make sure these first steps into their career are supportive, valuable, and set them up to succeed.

Inland Revenue's new sponsorship guidance

Sponsorship can deliver valuable benefits for pharmacy owners, but it is important to understand the tax implications, says **Anson Lam, Director at Moore Markhams.**



Pharmacies have always played a significant role in supporting local communities. Whether through sponsoring sports teams, funding uniforms, donating products for fundraisers, or assisting local charities, pharmacy owners often play an active role in supporting the community.

While most pharmacy owners understand the benefits of sponsorship, not all understand the tax implications. In April 2026, Inland Revenue released Interpretation Statement IS 26/10, which provides updated guidance on the deductibility of sponsorship expenditure.

Sponsorship and donations are not always the same thing

Sponsorship occurs when a business provides money, products, or services with the intention of promoting or advertising its business. In these situations, sponsorship is viewed as another form of marketing expenditure.

Question: was the sponsorship intended to promote or advertise the pharmacy and support its income earning activities? If yes, a tax deduction may be available. If the payment is simply a donation with no meaningful business purpose, different tax rules may apply.

Many sponsorship arrangements are informal, and while this may work from an operational perspective, Inland Revenue's guidance highlights the importance of being able to demonstrate the business purpose behind the expenditure.

Factors that support deductibility include:

- The terms of the sponsorship arrangement.
- The advertising or promotional exposure received.
- The relationship between the sponsored organisation and the pharmacy's target market.
- How the sponsorship fits within the pharmacy's overall marketing strategy.

A formal written agreement is not always necessary, but good records can be useful should questions arise later.

When sponsorship may not be deductible

Problems can arise when business promotion is only incidental or cannot be demonstrated.



Inland Revenue provides an example where a business owner makes a payment to a school attended by a family member. The school's magazine later lists the business among its donors. Because there was no agreement for advertising or promotion, and no evidence that business promotion was a purpose of the payment when it was made, the expenditure is not deductible.

The business promotion purpose and impact must exist when the expenditure is incurred.

Donated pharmacy stock

Many pharmacies support local events by providing various goods including prize giveaways. The interpretation statement confirms that where trading stock is provided as part of a sponsorship arrangement, deductions may still be available through the trading stock rules.

The tax treatment can vary depending on the circumstances and how the products are provided. If your pharmacy regularly contributes products to community initiatives, it may be worthwhile discussing the arrangement with your advisor.

Entertainment rules

Where sponsorship includes catering, hospitality, food and beverages or other entertainment-related benefits, the entertainment expenditure rules may apply. In some cases, this can limit the available deduction to 50% of the expenditure.

For example, a pharmacy may sponsor a community event that includes catering, hospitality, or tickets to a function as part of the sponsorship package. In these situations, the tax treatment may differ from a straightforward sponsorship payment.

Pharmacy owners should not assume that all community contributions will automatically qualify for a tax deduction. Documenting sponsorship arrangements and retaining evidence of the promotional benefits received can help support the tax treatment if Inland Revenue reviews the expenditure in the future.

HR tools

The Guild offers a great range of tools and resources to help members with HR/staffing matters. Including:

- 0800 HR advice line
- Children's Act resources – guide, checklists, SOPs
- Employment agreement templates
- FAQs – Mondayisation, unions, weather-related issues
- Policy templates – bullying, code of conduct, IT
- Guides – restructure and redundancy, managing medical incapacity, trial or probation periods, Holidays Act, managing discipline and dismissal, parental leave, performance management, recruitment
- Template job descriptions
- Annual remuneration survey

Visit **www.pgnz.org.nz/business-and-hr-tools**
to access these tools and more.