



New Zealand House of Representatives
Te Whare Māngai o Aotearoa

Health Committee

Komiti Whiriwhiri Take Hauora

54th Parliament

July 2026

Briefing on the pharmacy sector

Presented to the House of Representatives
by Sam Uffindell, Chairperson

Contents

Recommendation.....	3
About this briefing	3
The pharmacy sector in New Zealand	3
Workforce shortages and scope of practice	3
Scope for advancement.....	3
Our comments	4
Appendix.....	5

Briefing on the pharmacy sector

Recommendation

The Health Committee has considered a briefing on the pharmacy sector, and recommends that the House take note of its report.

About this briefing

The Pharmacy Sector Leaders Forum briefed us on the current and future state of pharmacy in New Zealand. The Forum is made up of 13 organisations from across the pharmacy sector, including primary care, hospitals, general practice, and academia. It stated that it is an advocate for pharmacy and is committed to a sustainable health system. The Forum believes that change is needed in the sector and that it can be a driver for that change.

The pharmacy sector in New Zealand

There are over 4,400 pharmacists practising in New Zealand. We heard that the pharmacy workforce is relatively young and predominantly female, with pharmacists working in community pharmacies, hospitals, and general practice settings.

Workforce shortages and scope of practice

The Forum told us that a workforce survey in 2024 highlighted that its members are facing staffing shortages and funding pressures. It considers that greater recognition is needed of the important role pharmacists play.

The Forum reported that many young pharmacists are feeling disillusioned with their work and are moving overseas or into other careers. As a result, New Zealand is falling behind the international pharmacy sector. It believes there is significant untapped potential in the sector, beyond the role of dispensing medications. We heard that New Zealand pharmacists want to work at their full scope of practice, drawing on all the skills they were trained in, as do pharmacy technicians who work under the supervision of pharmacists.

We asked about the challenges faced by community pharmacies in light of larger pharmacies opening. The Forum acknowledged this trend but said that there are also “pharmacy deserts” in rural New Zealand where community pharmacies have closed because of difficulties attracting, training, and retaining workforce. We heard that rural areas face major difficulties in sustaining pharmacy services.

Scope for advancement

We were interested in understanding what younger pharmacists think of their current scope of practice, and what work that they would like to undertake that they are currently unable to do. We were told that many pharmacists would like to work more closely with patients, using the skills gained through university training to optimise their use of medicines. This could improve safety and reduce medication-related harm. We heard that pharmacist prescribers

could potentially work more broadly as pharmacist practitioners, and that pharmacists have the skills to work as independent prescribers for minor ailments.

At present, pharmacists do not have the ability to contribute to chronic condition management, the resolution of prescription-related issues, or the clinical optimisation of medicines. Instead, they are largely focused on supply. The Forum gave the example of allopurinol titration for patients with gout, and told us that, when something untoward is identified, patients are referred back to the primary provider. It suggested that there may be opportunities for more collaborative ways of working so that patients do not need to return to the primary provider where this is not necessary.

We asked if there were any findings from research regarding potential savings associated with minor ailments. The Forum referred to the “Pharmacy First” scheme in Scotland, which it said had shown significant benefits.¹ The scheme, administered by the National Health Service, allows patients to receive clinical advice for minor illnesses, some over-the-counter treatments, and prescription-only medication directly from a pharmacist. Patients need not consult their doctor. We heard that the Scottish Government had recently commissioned further work in this area. The Forum observed that around half the pharmacists in Scotland are prescribers and receive additional remuneration for this work. Pharmacies in Scotland often display lists of conditions that pharmacists can treat based on the additional training undertaken by pharmacists.

Our comments

We commend the initiative of the Pharmacy Sector Leaders Forum in drawing attention to the staffing shortages and funding pressures being experienced by the pharmacy sector. We understand that pharmacists and pharmacy technicians are not currently working at their full scope of practice. We encourage continued engagement between the Government, health agencies, and the pharmacy sector on workforce sustainability, funding settings, and opportunities to better utilise the skills of pharmacists within the health system.

¹ Further information about the “Pharmacy First” scheme in Scotland [is available here on the NHS website](#).

Appendix

Committee procedure

We met between 10 September 2025 and 22 July 2026 to consider this briefing. We heard evidence from the Pharmacy Sector Leaders Forum.

Committee members

Sam Uffindell (Chairperson)
Dr Hamish Campbell
Dr Carlos Cheung
Ingrid Leary
Cameron Luxton
Hūhana Lyndon
Jenny Marcroft
Debbie Ngarewa-Packer
Hon Dr Ayesha Verrall

Dr Tracey McLellan and Hon Jenny Salesa participated in some of this briefing.

Related resources

The documents we received as evidence in relation to this briefing are available on the [Parliament website](#), along with the [recording of our meeting on 12 November 2025](#).