

19 May 2025

Health Select Committee
Parliament Buildings
Wellington 6011

By email to: Health@parliament.govt.nz

Tēnā koe,

The Council of Medical Colleges is the collective voice for eighteen medical colleges in Aotearoa New Zealand. Medical colleges are not-for-profit educational bodies responsible for the training, examination and recertification of medical practitioners. Our member colleges provide support to over 9000 specialist medical practitioners working in a range of disciplines in the Aotearoa New Zealand health system. The Council of Medical Colleges informs and advise key health sector groups, including Ministers, government agencies, and other relevant bodies on health sector issues. The following represents the majority view of the colleges.

The core purpose of the medical colleges is to ensure a safe, well-trained medical workforce, and in turn the highest quality medical care for the community. That is the lens in which this submission is being made and the clauses we are speaking to.

We support, in principle, legislative changes to increase patients' access to medicines and the intention to do this by reducing some of the barriers to access currently in the Medicines Act 1981 (the Act) as long as clinical safety and broader patient safety remains paramount. We support expansion of prescribing as long as it is prescribing by health practitioners who have the relevant training for what they are prescribing and in the right supervised environment.

It is on this basis, that we give the following suggestions for changes to the Bill:

Clause 11 Section 29 amended (Exemption for medicine required by medical practitioner)

Subclauses 1-3 adds nurse practitioners to the exemption medical practitioners have enabling them to prescribe unapproved medicines (s29 medicines) for reasons other than a supply shortage.

In the interests of patient safety, we believe that a clarification is needed in the Bill where it expands the ability for nurse practitioners to prescribe unapproved medicines, the distinction is made between substitute/routine medications that are low-risk versus high-risk untested new medicines registered under section 29. The latter requires the practitioner to have the specific advanced pharmacology training (medical practitioners and specialists) to safely prescribe them. This could be achieved through setting a list of unapproved medications that are low-risk for prescribing, for example, via the gazette notice.

Clause 13 Consequential and other amendments as set out in Schedule

Subclauses 9(3) and 9(3a) replace the criteria for membership for the Medicines Classification Committee from appointments by the New Zealand Medical Association (defunct), the Pharmaceutical Society and the Ministry of Health, to now be sole appointments by the Minister.

Australasian College for Emergency Medicine (ACEM)	College of Intensive Care Medicine of Australia and New Zealand (CICM)	New Zealand College of Sexual and Reproductive Health (NZCSRH)	Royal Australasian College of Medical Administrators (RACMA)	Royal Australian and New Zealand College of Obstetricians and Gynecologists (RANZCOG)	Royal College of Pathologists of Australasia (RCPA)
Australasian College of Sport and Exercise Physicians (ACSEP)	New Zealand College of Musculoskeletal Medicine (NZCMM)	Royal Australasian College of Physicians (RACP)	Royal Australasian College of Surgeons (RACS)	Royal Australian and New Zealand College of Psychiatrists (RANZCP)	Royal New Zealand College of General Practitioners (RNZCGP)
Australian and New Zealand College of Anesthetists (ANZCA)	New Zealand College of Public Health Medicine (NZCPHM)	Royal Australasian College of Dental Surgeons (RACDS)	Royal Australian and New Zealand College of Ophthalmologists (RANZCO)	Royal Australian and New Zealand College of Radiologists (RANZCR)	Royal New Zealand College of Urgent Care (RNZCUC)

We wish to reiterate the same point that we made on the recent consultation on the review of the Health Practitioners Competence Assurance Act 2003 that also signalled a similar direction on moving to ministerial appointments on regulatory bodies without any mention of specific membership criteria. The criteria for appointment on bodies such as this one, needs to consist of the relevant clinical expertise to maintain safe standards for the classification of medicines.

Therefore, we suggest that the committee amends the Bill by adding a clause that sets out that the membership needs to include at least two medical and two pharmaceutical experts in clinical practice.

We are available to give an oral submission to the committee.

Nāku noa, nā



Dr Samantha Murton

Chair

Australasian College for Emergency Medicine (ACEM)	College of Intensive Care Medicine of Australia and New Zealand (CICM)	New Zealand College of Sexual and Reproductive Health (NZCSRH)	Royal Australasian College of Medical Administrators (RACMA)	Royal Australian and New Zealand College of Obstetricians and Gynecologists (RANZCOG)	Royal College of Pathologists of Australasia (RCPA)
Australasian College of Sport and Exercise Physicians (ACSEP)	New Zealand College of Musculoskeletal Medicine (NZCMM)	Royal Australasian College of Physicians (RACP)	Royal Australasian College of Surgeons (RACS)	Royal Australian and New Zealand College of Psychiatrists (RANZCP)	Royal New Zealand College of General Practitioners (RNZCGP)
Australian and New Zealand College of Anesthetists (ANZCA)	New Zealand College of Public Health Medicine (NZCPHM)	Royal Australasian College of Dental Surgeons (RACDS)	Royal Australian and New Zealand College of Ophthalmologists (RANZCO)	Royal Australian and New Zealand College of Radiologists (RANZCR)	Royal New Zealand College of Urgent Care (RNZCUC)