



PHARMACY GUILD
OF NEW ZEALAND



July 2025

Magazine for members of the
Pharmacy Guild of New Zealand

Contact

Guild escalates funding concerns to Health Minister

IN THIS ISSUE:

- 06 Vitamin B6: Are you at risk of toxicity?
- 08 Win the morning: How a 10-minute huddle can change your day
- 10 Budget 2025



Guild Chief Executive, Andrew Gaudin details our engagement with Minister of Health, Hon Simeon Brown on sustainable funding for community pharmacy.

Our first meeting with Minister Brown took place in May. We took this opportunity to raise last year's national annual agreement review (NAAR) process and the impact of inadequate cost pressure uplifts on community pharmacy sustainability. We also raised the growing role community pharmacy can play in healthcare, helping to reduce patient wait times, and take pressure off stretched general practices, after hours/urgent care and emergency departments.

Article continued next page



Supporting financial sustainability of community pharmacy

We advised the Minister that Health New Zealand (HNZ) has not engaged in good faith and applied an unfair and inconsistent approach in 2024 to the consideration and recognition of reasonable cost pressures.

We were clear that this is causing considerable and avoidable angst in the community pharmacy sector at a very challenging time, and that the sector needs to be financially sustainable to ensure ongoing access to medicines and essential community pharmacy services for all New Zealanders.

We let the Minister know that we had completed a detailed review of the 2024 contracting process and shared with HNZ the many concerning failures we found in early April. We noted these failures included that HNZ's cost pressure uplift offer did not align with the government's fiscal policy intentions for cost pressures funding for Budget 2024, and that HNZ did not properly consider reasonable cost pressure adjustments for community pharmacy as required by the ICPSA.

We shared our view that HNZ has failed to work collaboratively, transparently and in good faith with provider representatives throughout the 2024 contracting process. We also noted that HNZ had backtracked on its commitment to complete a sustainable funding model review for community pharmacy by June 2025, after many years of similar broken promises.

We pointed out that general practice received favourable cost pressure recognition, at the expense of other primary and community healthcare providers. Community pharmacy is being disadvantaged, despite its more efficient and effective service delivery – creating a perverse performance incentive. We are simply seeking a fair and consistent application of cost pressure adjustments within available funding.

We asked for the Ministers support to ensure last year's flawed contracting approach by HNZ is not repeated. This is vital to addressing the pressing service and workforce sustainability cost pressures faced by community pharmacy. As part of this, we advised that we had written to the HNZ interim Chief Executive and had sought to urgently meet with HNZ to discuss all our review findings and general concerns with the 2024 process.

In our meeting with key HNZ officials that followed, we strongly stressed our unrelenting determination to avoid a repeat of the 2024 process from HNZ for community pharmacy cost pressure adjustments for the 2025 contracting process.

Growing funded community pharmacy services

We also took the opportunity to raise the growing role community pharmacy can play, and the sectors ability to help reduce ED waiting times and take pressure off other parts of the health system.

We noted the significant fiscal challenges the government is currently facing and the limited health budget and how community pharmacy can help by delivering better value-for-money from existing health funding, through an expanded range of more cost-effective services such as acute minor health conditions (e.g. pain and fever, skin conditions, eye infections), long-term chronic condition medicine management services, and after-hours and urgent care.

The Minister was interested in learning more about expanded community pharmacy services and how these could deliver more timely access and improved health outcomes.

We discussed the need to unbundle existing contracts across the health sector to fund investment in additional pharmacy services and how this aligns with the government's "better value for money" approach.

Positive start

The meeting was a very positive start to our relationship. The Minister referenced our briefing advice from February and it was clear he had read this.

We were able to raise awareness and understanding of community pharmacy's vital and growing role, and the Minister was interested in learning more about expanded community pharmacy services and how these can deliver more timely access and improved health outcomes within available funding.

Concrete actions were agreed to progress the service model expansion and funding sustainability issues we raised, which we are continuing to progress.

The Minister agreed to meet with us again and we look forward to further advancing these important issues on behalf of members.

We are simply seeking a fair and consistent application of cost pressure adjustments within available funding. We asked for the Ministers support to ensure last year's flawed contracting approach by HNZ is not repeated.

GUILD HQ

CE Column



Guild Chief Executive, Andrew Gaudin, reflects on the government's Budget 2025 decision to allow 12-month prescriptions for long-term medicines, starting in the first quarter of 2026.

The Guild first became aware of this policy proposal in October 2024, when we provided significant feedback on the impacts for patients, community pharmacies and the broader healthcare system.

Some of the key elements of our initial policy response were:

- Significant adverse financial risks for community pharmacy (estimated \$24.6 million revenue reduction per annum, due to fewer initial items, more repeat items dispensed).
- The need for additional funded pharmacy services (i.e. pharmacist-led consultation, monitoring and follow-up) due to reduced general practice oversight.
- Adverse fiscal consequences for government (estimated \$8.5 million reduction in pharmaceutical co-payment income per annum).

We also highlighted that many key policy questions remained unaddressed, including would the policy apply at prescriber's discretion, or only to specific conditions and/or patient groups? Has the government done any impact analysis on this policy? Has there been any consideration to what type of funded pharmacy service would be needed to ensure this proposal would not negatively impact patient safety?

The Budget 2025 announcement to proceed with this policy means these types of impacts and questions now need to be fully addressed by officials in collaboration with the sector. Excellent policy implementation only occurs when officials are fully aware of and on top of all the details.

The Guild established an expectation and understanding last October from the responsible Ministry of Health and HNZ officials that any government decision to progress this policy would result in immediate discussions from both a policy and funder perspective.

At the time of writing this article, the first meeting with officials to progress this is scheduled. Our members should rest assured that we will work to ensure there are no adverse funding impacts for community pharmacy, and we will actively promote the new service model need that exists for community pharmacy.

GUILD HQ

Latest advocacy and member resources

Guild submission: Putting Patients First: Modernising health workforce regulation consultation

Our submission to the Ministry of Health's workforce regulation consultation called for a future-facing, patient-centred approach that enables pharmacists to practice to their full clinical scope. We advocated for the retention of profession-specific governance within any proposed merged regulatory model, to uphold clinical pharmacy standards.

Our submission highlighted several critical areas for reform, including:

- Streamlining the recognition process of overseas-trained pharmacists.
- Reducing APC fees and eliminating regulatory duplication.
- Expanding pharmacist prescribing rights in alignment with models in the UK and Australia.
- Introducing modular scopes for services, such as point-of-care testing and minor ailments management.
- Ensuring regulation supports workforce sustainability, innovation, and access to care.

Guild submission: Proposal to fund Estradot as an alternative brand of oestradiol patches

We strongly supported the proposal to fund both the Estradot and the Estradiol TDP brands, commending Pharmac for responding to public and sector feedback and adopting an approach that supports personalised care. We encouraged additional measures to ensure successful implementation, including supply continuity, equitable distribution, clear communication and education for both patients and providers, and a review of the current patch limit to avoid undermining clinical effectiveness or patient access.

Guild submission: Proposal to support access to budesonide with eformoterol inhalers

We opposed the Pharmac proposal to allow three-month dispensing of selected budesonide with eformoterol inhalers and conditionally supported restricting PSO supply to a single inhaler.

We believe this proposal risks undermining the proven community pharmacy model, where monthly dispensing provides essential clinical touchpoints for monitoring inhaler technique, adherence, and asthma control that are key factors in preventing deterioration. Extending dispensing intervals would reduce these interactions, increase inequities, heighten the risk of medicine waste, and compromise patient safety.

Visit www.pgnz.org.nz to access member tools and read recent submissions.

Enhancing community pharmacy services: key priorities for a better future

Dr Mudassir Anwar, University of Otago Senior Lecturer in Pharmacy Practice, discusses the findings of a recent study that shows how pharmacists can drive improvements in patient care.



Community pharmacies play a vital role in delivering accessible healthcare services. However, ensuring high-quality professional services in this setting remains a challenge. A recent

study published in *BMC Health Services Research* (bit.ly/BMCHealth) sheds light on what needs to be prioritised to improve community pharmacy services.

Identifying priorities for quality improvement

The study gathered insights from a diverse group of stakeholders, including pharmacists, general practitioners, patients, regulators, and pharmacy organisations. Using a structured discussion approach known as the nominal group technique, the study identified five major areas that need attention to enhance community pharmacy services.

1. Designing services that meet patient needs

One of the primary concerns raised in the study is the need for community pharmacies to offer services tailored to local patient needs. This means shifting from a one-size-fits-all approach to developing targeted interventions that address specific health challenges within communities. In New Zealand community pharmacies must tailor their services to meet local patient needs. By understanding and respecting the unique cultural backgrounds, health beliefs, and languages of their diverse clientele, pharmacies can enhance patient engagement, build trust, and improve health outcomes. This approach ensures healthcare delivery is equitable and effective for everyone.

2. Sustainable and predictable funding

Community pharmacy services often face funding uncertainties, which impact their ability to deliver consistent care. The study highlights the need for sustained financial investment to ensure services remain viable and effective. In New Zealand, community pharmacies are increasingly taking on a broader scope of practice. Stable funding models are essential to support these expanding roles and ensure long-term service delivery.

3. Better integration with the wider healthcare system

The research emphasises the importance of better collaboration between community pharmacies and other healthcare providers. Improved information sharing and communication with general practitioners and hospitals can lead to more coordinated care. In New Zealand,



pharmacists are increasingly working within multidisciplinary teams, but integration challenges still exist. Addressing these barriers will enhance continuity of care and improve patient outcomes.

4. Strengthening the role of community pharmacies as patient hubs

With increasing pressure on general practice clinics, community pharmacies are well-positioned to serve as local healthcare hubs. The study suggests that expanding pharmacy services beyond traditional dispensing roles could provide greater support for patients. In New Zealand, there is growing recognition of pharmacies as key points of access for healthcare advice, screenings, and chronic disease management. Further development of this model could reduce strain on the wider health system.

5. Workforce training and retention

Investing in workforce development is crucial for maintaining service quality. The study points out that adequate training, ongoing professional development, and effective staff retention strategies are necessary to support high-quality care. In New Zealand, where the demand for pharmacists is increasing, ensuring a well-trained and sustainable workforce will be essential for the future of community pharmacy.

Relevance to pharmacy practice in New Zealand

While the study was conducted in England, its findings align closely with the challenges and opportunities facing community pharmacists in New Zealand. Addressing these five priorities will be critical in shaping the future of pharmacy practice. With the ongoing evolution of the healthcare landscape, community pharmacists must advocate for policy changes that support sustainable funding, integration with the health system, and workforce development. The study serves as a timely reminder that community pharmacy has the potential to be more than just a dispensing service – it can be a cornerstone of primary healthcare.

Strengthening the role of pharmacists in primary care: An invitation to engage with GPCME

GPCME Director, Leon Olsen, discusses the upcoming primary care meetings, which offer a valuable opportunity for community pharmacists to engage with peers, hear from keynote speakers and learn about new initiatives.



New Zealand's primary care landscape is evolving, with increasing recognition of the critical role community pharmacists play in supporting early triage and improving patient outcomes. One of

the most important forums driving this transformation is the annual General Practice Conference & Medical Exhibition (GPCME – The Primary Care Conference), the premier gathering for primary care professionals across the country. Historically attended predominantly by GPs and nurses, GPCME is now actively encouraging greater engagement from community pharmacists – a shift that presents a significant opportunity for the profession.

The GPCME meetings, held in Rotorua and Christchurch, serve as a hub for collaboration, clinical education, and the shaping of future care models. With healthcare demands growing and workforce pressures mounting, there is increasing momentum to bring pharmacists more directly into the heart of primary care delivery. The role of the pharmacist is no longer confined to dispensing medicines. Instead, pharmacists are increasingly positioned as accessible, trusted clinicians capable of making a measurable impact in early diagnosis, chronic disease management, and medicine optimisation.

Community pharmacists are recognised as the first point of contact for many minor ailments and medicine-related queries. With the right support and integration, pharmacists can help reduce the burden on general practice teams by identifying patients who can be managed in-pharmacy, versus those who need to be escalated to GP care. This not only improves efficiency but also enhances patient access and satisfaction.

GPCME offers pharmacists a unique platform to engage in discussions and initiatives that aim to redefine the future of primary care. It's also a place to forge stronger relationships with general practitioners, nurses, and other allied health providers. For pharmacists interested in collaborative care, digital prescribing, shared patient records, or extended clinical services, GPCME provides direct access to the innovators and decision-makers leading the charge.



Moreover, pharmacists attending GPCME benefit from multidisciplinary education sessions, keynote talks from clinical leaders, and hands-on workshops tailored to practical application in the community setting. These experiences help pharmacists stay current with best practice, while also allowing them to contribute their own expertise to conversations about how to deliver smarter, more cohesive care.

Participation at GPCME is more than professional development – it's a chance for pharmacists to help shape the system in which they work. By attending and actively engaging in the conference, pharmacists can advocate for the necessary funding models, prescribing rights, and technological tools to support expanded practice roles. The time is ripe for pharmacy to take a seat at the primary care table.

Pharmacists across New Zealand are invited to attend the GPCME meetings and become part of this national dialogue. As the primary care sector continues to adapt and modernise, your voice, experience, and clinical insight are more vital than ever.

At the time of publication, the 2025 Rotorua GPCME event is underway, continuing to showcase the evolving role of pharmacy in primary care. The Christchurch GPCME event runs from 14-17 August 2025, at Te Pae Christchurch Convention Centre. Visit www.gpcme.co.nz for more info.

Vitamin B6: Are you at risk of toxicity?

Dietician, Helen Gibbs, discusses sources of vitamin B6 and the potential dangers of having too much of this vital nutrient.



B6 is essential for health, but too much can be harmful. It supports brain function, the immune system, and nerves, but high doses – especially from supplements – can cause nerve damage. Here's what your customers need to know to stay safe.

How much vitamin B6 do you need?

The amount needed varies by age, gender, and life stage. Here's a quick guide:

- Adults under 50: 1.3 mg per day
- Men over 50: 1.7 mg per day
- Women over 50: 1.5 mg per day
- Pregnant people: 1.9 mg per day
- Breastfeeding people: 2 mg per day

Most people can get enough B6 from food in a normal, varied diet. Rich food sources include bananas, chicken, fish and fortified cereals.

Hidden sources of vitamin B6: energy drinks and supplements

B6 in supplements and energy drinks is usually in the form of pyridoxine, the chemical name for vitamin B6. Some energy drinks contain up to 10 mg per serving.

Examples of some over-the-counter B6 supplements, include:

- Vitafit Pyridoxine HCl – 250 mg per tablet
- Solgar B6 – 100 mg per tablet
- Healthieries men's multivitamin with probiotics – 30mg pyridoxine
- Red Seal Zinc B6 & Magnesium – 21 mg per tablet
- Nutri Calm Vitamin B6 – 20 mg per tablet
- Centrum for men 50+ multivitamin – 12 mg per tablet

Symptoms of Vitamin B6 toxicity

If someone consumes too much B6, they may experience numbness and tingling in the hands and feet, loss of balance and coordination, difficulty walking, fatigue and irritability. If people present with these symptoms, testing for pyridoxine levels is useful to determine the cause.

If an individual has been advised to take a multivitamin by a health professional but are taking high doses of B6, they should be advised to change their supplement.

Vitamin B6 for specific conditions: Know the risks

B6 has medical use but taking too much can still be harmful.



1. Tuberculosis (TB) treatment

When people take isoniazid, doctors often recommend vitamin B6 to prevent nerve damage (peripheral neuritis). The usual doses are:

- 10–12.5 mg daily for low-risk individuals
- 25 mg daily for those at higher risk (such as people with diabetes, kidney disease, alcoholism, HIV, or malnutrition)
- The maximum recommended dose is 25 mg per day, as higher amounts might interfere with isoniazid's effectiveness.

2. Morning sickness in pregnancy

B6 can help with nausea during pregnancy, but it doesn't reduce vomiting and should only be used under medical supervision. The recommended dose is 25 mg three times a day, but only under medical advice and stop when no longer necessary.

3. Premenstrual syndrome (PMS)

Some people take B6 for premenstrual symptoms. If someone is considering it, they should track their symptoms and only continue using if symptoms reduce. Use it only in the seven days before a period.

What should you watch out for?

1. Check supplement labels and educate customers. If a product contains 25 mg or more of B6 per dose, inform customers about the risk of nerve damage. Anyone taking high doses (over 25 mg/day) should understand the risks and monitor for symptoms like tingling or numbness.
2. Watch for multiple sources. Staff should ask people purchasing B6 supplements about other supplements and multivitamins to ensure they are not exceeding safe levels.
3. Energy drinks + supplements = risk. More than one energy drink per day plus other B6 sources could push someone past the safe limit.
4. TB patients need a plan. If someone is taking B6 for TB, advise on how to gradually reduce and stop after finishing their isoniazid treatment.

Chronic hepatitis B in Aotearoa

28 July is World Hepatitis Day. **Hepatology Nurse Practitioner at The Hepatitis Foundation of New Zealand, Nicola Caine**, discusses the risks associated with this viral condition and the crucial role pharmacists play in supporting education and patient treatment.



Despite decades of vaccine availability, chronic hepatitis B (CHB) remains a major global health challenge. The World Health Organization's (WHO) 2024 Global Hepatitis Report estimates around

254 million people were living with CHB in 2022, with 1.2 million new infections each year.

CHB can lead to persistent liver inflammation, increasing the risk of cirrhosis and hepatocellular carcinoma (HCC) – the most common form of primary liver cancer. Globally, viral hepatitis is a leading cause of HCC-related deaths.

In Aotearoa, an estimated 94,000 people live with CHB – around 3% of the adult population. Stark ethnic disparities exist, with the burden of disease carried by Māori, Pacific peoples and those of Asian ethnicity. Everyone living with this infection should have blood test monitoring every six months. Some will require anti-viral treatment to manage their infection and reduce the risk of complications. The Hepatitis Foundation NZ (HFNZ) provides free monitoring, education and linkage to care for people living with CHB.

Treatment

Timely treatment of CHB is known to reduce the risks of advanced liver disease and HCC. Growing evidence supports earlier treatment initiation, with lower thresholds. In 2024, the WHO released updated guidance to increase treatment uptake to support efforts towards global elimination of viral hepatitis as a public health threat by 2030.

In Aotearoa, we have access to two anti-viral medicines, both are once daily, oral treatments that are highly effective and usually well tolerated. Special authority is not required, and the medicines are fully funded without restriction and (for most) are a life-long treatment that should be taken without interruption. Tenofovir and entecavir are both eliminated by renal excretion and dosing adjustment is required in all patients with reduced creatinine clearance.

While most patients require life-long treatment, antivirals may be used short-term in certain scenarios:

- **Pregnancy:** Tenofovir (preferred choice due to safety data) used to reduce vertical transmission risk, alongside immunoglobulin and early vaccination of baby. Treatment is usually stopped postpartum unless otherwise indicated.



- **Immunosuppression:** Entecavir or tenofovir may be used prophylactically during and after immunosuppressive therapy to prevent hepatic flares or reactivation.

Medicine adherence

Excellent adherence is essential to avoid (rare) but possible drug resistance for those on entecavir. Viral breakthrough after discontinuation (planned or not) can result in hepatic flares, while usually asymptomatic, these can be serious in some people.

As CHB is usually symptomless, prescribing anti-virals aims to reduce complications in the future. Managing the coordination of daily medicine has challenges, exacerbated for some by stigma and discrimination that can occur when living with a blood-borne virus, but as a trusted health professional you can make a difference to the patient journey.

Key messages for patients

- Six-monthly blood tests are essential for all people living with CHB.
- The HFNZ can provide free nationwide monitoring education and support for care.
- Excellent medicine adherence helps reduce incidence of liver complications, including liver cancer.

HFNZ is a charitable trust, contracted to HNZ to provide a free, lifelong monitoring programme that supports people living with hepatitis B. People enrolled in this programme receive regular monitoring, education, support and referral to secondary care (if required).

We work in partnership with GP clinics and other health providers. Contact us on 0800 33 20 10 or visit www.hepatitisfoundation.org.nz.

Win the morning: How a 10-minute huddle can change your day

Getting together as a team every morning provides structure, connection, and focus for the day. **Toni Glass, consultant and Elevate Pharmacy trainer** explains.



When you run a busy pharmacy, the day can take off before you've even caught your breath. Scripts are piling up, someone's called in sick, a customer is at the counter asking about a product you've never heard of – and it's not even 9am. Sound familiar?

This is where a team huddle can make all the difference. It's not a big production. You don't need slides or a meeting room. It's a quick daily habit that helps you and your team start the day on the front foot – together, clear, and focused.

Why bother?

I get it – time is tight. But I promise, the return is worth it. I've worked with many teams that have completely changed the feel and focus of their business just by committing to a daily check-in. When you start strong, you're more likely to stay strong.

What to cover

1. Review the numbers

Use your key KPIs to ensure the team understands what good looks like each day. This could include scripts, sales, average sale amount?, and top-selling OTC products.

2. What went well yesterday?

Start on a high. Maybe someone handled a tricky customer like a pro, or you hit your script target. Give a quick shout-out.

3. What's the focus today? One thing we can improve

Highlight the key thing that needs attention – maybe dead stock, or a service push. E.g. 50% of all cold and flu to include vitamin C cross-sell.

4. Any quick updates?

Think delivery delays, roster changes, or a heads-up on any low stock.

5. Ask the team

Anything else we need to be aware of?

6. Motivational micro call out

This might be a tiny thing like "Let's make sure we greet every customer within 10 seconds today" or "Try suggesting our winter wellness range if someone's picking up cold meds." These reminders keep your team focused on service.



The golden rules of great huddles

A good huddle feels sharp and energising. These few rules will help keep it on track:

- **Keep it standing** – This keeps it short and focused. Never sit down.
- **Same time, same place** – Build rhythm and reliability. Try five minutes before doors open.
- **Stick to 10 minutes max** – Time it if you need to. If something needs a deeper chat, take it offline. Bigger pharmacies may want to separate out retail and dispensing.
- **Avoid problem-solving in the moment** – Acknowledge the issue and park it for follow-up.
- **Make it inclusive** – Everyone has a voice, and everyone's role matters. Rotate who leads to give everyone a chance to build confidence.
- **Keep it positive** – The goal is to start strong, not vent.

You don't need to be rigid – just consistent.

What you'll notice

Teams that huddle daily are more switched on. Your customers will feel it too – they'll see a team that's in sync and ready to help.

In a world where pharmacies are being asked to do more with less, a daily huddle gives you structure, connection, and focus. It's simple, but it works.

Give it a try this week. Stick with it for two weeks and see what shifts.

Pre-employment trials

Guild HR Advisor, Nirvani Niranjan, sets out the points to consider if you're thinking about using a pre-employment trial as part of your recruitment process.



Members often want to know if they can ask a candidate to work a shift before they offer them a role. This is a tricky one – pre-employment trials can help you make important hiring decisions, but they also come with a lot of risk and should be used cautiously.

Is a pre-employment trial necessary?

For most situations, employers can thoroughly test candidates and their suitability without taking on the risk of a pre-employment trial. As a first step, consider other ways of assessing candidates' practical skills, e.g. role-playing, interviewing with different team members, or tests.

All employers can apply a 90-day trial period to any new employee's employment (the employment agreement on the Guild website includes a trial period clause). A 90-day trial period allows you to assess and review an employee's suitability for the role after they have been hired.

If you decide to go ahead with a pre-employment trial

Understand the risks

When they aren't used carefully, pre-employment work trials can be considered employment. This risk increases when:

- The trial hasn't been clearly explained.
- The trial isn't focused on assessment and is longer than necessary.
- The individual carries out work that the business financially gains from.
- The individual is paid/rewarded for the trial.

If the pre-employment trial could be considered employment, this risks claims for unpaid wages and unjustified dismissal. If the employer offers employment after the trial, this can also create issues with 90-day trial period clauses.

Explain the pre-employment trial clearly

Be transparent with the candidate that a pre-employment trial will be included as part of the recruitment process. Candidates need to understand:

- This is a pre-employment trial, not employment.
- The trial is part of the recruitment process.
- What they can expect from the trial, what they are being assessed on, and how they are being assessed.



- The length of the trial – this should be reasonable and appropriate for the assessment required.
- That the trial will be unpaid.

Focus the trial on assessment

Plan how you will use the pre-employment trial to assess the candidate's suitability. Pre-employment trials should be assessment-based and closely supervised. Identify what you'll be assessing, how you'll be assessing it, and keep records of the assessment you carry out. This could look like:

- Asking the candidate to show and explain how they would dispense a script.
- Sharing an example of a question a customer might come to the pharmacy for and asking the candidate how they would respond.
- Asking what advice they would give regarding an over-the-counter medicine.
- Giving the candidate a scenario so they can show you how they would deal with customers, team members, or other healthcare providers.

Avoid common pitfalls

Remember the purpose of the pre-employment trial is to assess the employee. This means you should avoid the candidate doing work that benefits the pharmacy, for example, making sales, serving customers, dispensing scripts, etc.

Employers should also carefully consider the duration of the pre-employment trial. It should only be long enough for you to carry out your assessment, asking a candidate to work for longer than necessary can create risk that the pre-employment trial is actually the start of the employment.

If in doubt

If you have any questions about using pre-employment trials in your pharmacy, please contact the HR advice line.

Budget 2025

Anson Lam, Director at Moore Markhams, discusses key points from Budget 2025, relevant to healthcare.



The 2025 Budget is set to stimulate long-term economic growth. Key highlights are the investment boost and healthcare investment to create more jobs, increase productivity and achieve long-term GDP growth.

Some of the key aspects of Budget 2025, which impact the health sector include:

1. Increasing prescription periods from three to 12 months.
2. Expanded access to medicine, including additional cancer treatments.
3. Digital and infrastructure upgrades of more than \$1 billion to upgrade hospitals.

Investment boost

If a business acquires a new machine or vehicle, the business can claim the normal depreciation **plus** an additional 20% upfront tax deduction. This means businesses can benefit from a higher tax benefit upfront in year one. When the asset is sold, care must be taken on potential depreciation recovery.

The example below summarises the details when a company (tax rate at 28%) purchases a delivery vehicle at \$10,000 excluding GST after the new rules kick in from 22 May 2025.

Prices (exclude GST)	Year 1	Year 2	Year 3	Year 4
Purchase price	10,000	5,600	3,920	2,744
Investment boost depreciation	2,000	-	-	-
Depreciation (at DV 30%)	2,400 ¹	1,680	1,176	- ²
Accumulated depreciation	4,400	6,080	7,256	7,256
Book value of car	5,600	3,920	2,744	2,744
Sale of car	-	-	-	5,000
Depreciation recovered	-	-	-	2,256
Tax benefit/(cost) per new rules ³	1,232	470	329	(632)
Tax benefit/(cost) under old rules	840	588	412	(440)
Difference	392	(118)	(83)	(192)

¹ Depreciation in year one is calculated based on 30% of the purchase price less Investment boost depreciation (30% of \$8,000)

² No depreciation allowed in the year of sale.

³ Tax benefit is calculated based on 28% of the depreciation allowed on the purchase price and tax cost is 28% on depreciation recovered in the year of sale.



In year one, the business can claim an additional 20% of the purchase price as depreciation and hence the tax expense to pay is also reduced. However, the depreciation and tax benefit received in years two and three reduces compared to the old rules as the tax benefit was claimed upfront in year one. When the business decides to sell the car in year four, there is depreciation recovery if the sale price exceeds the net book value and hence there will be tax to pay on sales as a result.

KiwiSaver

The table below summarises the changes starting 1 April 2026 on the updated default rate for employee and employer contributions.

	Minimum KiwiSaver employer and employee contribution
Current	3.0%
From 1 April 2026	3.5%
From 1 April 2028	4.0%

Employees will also have the option to temporarily opt down to the 3% rate if they feel they are unable to afford it.

Government contribution rates to KiwiSaver are also going to change:

	Government contribution
Current to 30 June 25	50 cents per dollar (up to \$521.43)
From 1 July 2025	25 cents per dollar (up to \$260.72)

For taxpayers earning over \$180,000, no government contribution will be available from 1 July 2025.

The new rates will aid with providing a larger accumulated balance at age 65 or a bigger deposit towards a first home.

The updated rates will become additional costs for businesses and hence the increases to wage costs should be factored in the estimated costs from next year starting 1 April 2026.

Working with Gen Z

Retail consultant and pharmacist, John Saywell, explains how to tap into the Gen Z labour market by understanding their values and goals.



As business leaders, we always need to foster staff engagement to create a premium customer experience.

Anyone with a Gen Z family member (born between 1995 and 2012) or working with an employee under 30 will know this age group is different. I have found it is a real challenge adapting my management style to meet their distinctly different expectations and priorities.

According to recent data, only 52% of Gen Z workers report being happy at work, compared to 54% of millennials, 69% of Gen X, and 76% of baby boomers.¹ This highlights the need for pharmacy owners to adapt their approach to the recruitment and retention of younger staff.

Understand what they want

For Gen Z, workplace satisfaction is heavily influenced by:

- **Purpose and values alignment:** Gen Z wants to work for companies that align with their personal values, with a strong emphasis on mission, sustainability efforts, and community impact.³
- **Mental health support:** A striking 75% of Gen Z employees expect their employer to provide mental health support, such as an employee assistance program.²
- **Work-Life balance:** Gen Z prioritises flexibility and balance, with work-life balance ranking as one of their top considerations when evaluating potential employers.^{2,4}

Top 12 recruitment and retention strategies

1. **Provide clear goals and purpose:** Gen Z thrives when they understand how their work contributes to larger objectives. Set clear, achievable goals and explain how these support the pharmacy's mission and community health.³
2. **Align responsibilities with skills:** Ensure staff members, particularly pharmacists, can utilise their specialised training and education. The expectation gap between what new graduates want to use their skills for and the kind of work they get to do in many pharmacy roles is a significant factor in attrition.⁵
3. **Offer varied responsibilities:** Allow young staff to experience different aspects of pharmacy operations, from customer service to inventory management and clinical services.
4. **Create a structured programme:** Develop a clear onboarding timeline that gradually introduces new staff to different aspects of the pharmacy.



5. **Assign mentors:** Pair new employees with experienced staff who can provide guidance and support during their first months.
6. **Set clear expectations:** Clearly communicate job responsibilities, performance metrics, and workplace protocols from day one.
7. **Provide regular feedback:** Unlike older generations who might be accustomed to annual reviews, Gen Z thrives on regular, real-time feedback. Create a culture of continuous improvement and open dialogue.³
8. **Embrace technology:** Gen Z is digitally native. Implement modern pharmacy management systems (e.g. cloud-based rostering, payroll and training tools) and communication tools (e.g. WhatsApp groups) that streamline workflows and reflect their technological fluency.³
9. **Support mental health:** Normalise discussions around mental wellbeing and build a psychologically safe environment where vulnerability is accepted.³
10. **Celebrate achievements:** Recognise and reward accomplishments, whether through formal programmes like "employee of the month" or simply through verbal acknowledgment in team meetings.⁶
11. **Offer flexible scheduling:** Where possible, provide options for flexible working hours. In New Zealand, flexible working ranks as the second most important retention factor.⁴
12. **Foster inclusion and diversity:** Gen Z expects workplaces to be inclusive, equitable, and diverse. Ensure your hiring practices, leadership, and culture reflect a genuine commitment to these values.³

By implementing the strategies outlined above, pharmacy owners can create environments where young professionals can thrive, ultimately ensuring the sustainability and success of community pharmacy in New Zealand.

Contact newsletter@pgnz.org.nz for a list of references.

Posters, signs and promotional material

The Guild has a range of promotional resources to help members promote their services to patients.

Visit pgnz.org.nz to order these and more.

