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Explicit safeguards wanted for 12-month prescribing for Māori



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Clinical pharmacist Leanne Te Karu believes longer prescription periods could worsen health inequities for Māori
[Image: Supplied]

Concerns have been raised that 12-month prescriptions could lead to inequitable outcomes for Māori. **Jody Hopkinson** reports

Essentials

- › **For 12-month prescribing to be safe for Māori, explicit safeguards are needed, Te Tiritū Iwi Māori Partnership Board says in a position statement authored by pharmacist Leanne Te Karu.**
- › **Ensuring barriers to access are recognised and removed is key, rather than reduced Māori engagement with their prescriber and medicines by way of a longer prescribing period.**
- › **The extended period will work well if it reduces routine GP visits for people with stable conditions, easing pressure on primary care services, but may not provide the same benefits to Māori Tiritū chief executive Brandi Hudson says.**

Twelve-month prescribing carries significant risk for Māori if implemented without explicit safeguards, expert advisor to Te Tiratū Iwi Māori Partnership Board and clinical pharmacist Leanne Te Karu says.

Dr Te Karu (Ngāti Rangi, Te Ati Haunui-Pāpārangī, Muaūpoko) is author of the Te Tiratū position statement on the extended prescribing period, which raises several concerns about the policy that came into force on 1 February. “Māori already experience lower rates of monitoring, fewer proactive clinical reviews, and later diagnosis of chronic and complex conditions,” she says.

“Reducing prescribing touchpoints risks further decreasing opportunities to detect deterioration, review side effects, adjust treatment or optimise medicines.”

Māori already face significant barriers to accessing medicines. Despite higher rates of chronic conditions such as diabetes, cardiovascular disease and respiratory illness, Māori are overall less likely to access dispensed medicines than non-Māori, Dr Te Karu says.

“In some cases, prescriptions are not collected at all due to cost, access and system barriers...These inequities mean that extending prescription duration alone will not ensure medicines safely reach whānau who need them most.”

Dr Te Karu warns that assumptions about “clinical stability” may be unsafe in contexts where care is fragmented, monitoring is inconsistent, and social and economic pressures affect medicine use.

“Prescriber discretion and unconscious bias can shape who is deemed ‘stable’; and longer prescription intervals may be framed as empowerment when they instead reflect system withdrawal or under-service.

“Community pharmacists play a vital role, but they cannot replace comprehensive clinical review and diagnostic reassessment.”

Te Tiratū is calling on the Crown to ensure the implementation of 12-month scripts strengthens, rather than weakens safety and equity, by:

Mandatory, equity-focused monitoring, with prescribing rates disaggregated by ethnicity,

rurality, deprivation, disability and continuity of care.

Transparent reporting of adverse events, hospitalisations, medicine changes and wastage. Māori-led evaluation of safety, trust, communication and cultural safety.

Clear national guidance on who is not clinically appropriate for 12-month scripts.

A Te Tiriti-aligned medicines optimisation strategy, grounded in pae ora and mātauranga Māori.

Te Tiratū whaekaea (chief executive) Brandi Hudson (Ngāti Maniapoto, Ngāti Rarua, Ngāti Pīkiao) says 12-month prescribing may help reduce routine GP visits for people with stable conditions, easing pressure on primary care services but the same approach may not deliver the same benefits for Māori.

The policy will be applied conservatively by doctors, Ms Hudson thinks.

“Extending prescription duration alone will not improve health outcomes for Māori.

“For a small number of whānau, longer prescriptions may be appropriate but only within a broader, equity-led system of care. Without strong safeguards, this policy risks entrenching, rather than reducing, inequity,” Ms Hudson says.

Gisborne pharmacy owner Kevin Pewhairangi (Ngāti Porou) says only a small number of patients will be eligible. He is worried there will be confusion about the policy and patients will begin expecting everyone should be entitled to 12-month scripts putting more pressure on prescribers.

“...And with those not seeing doctors, who’s going to be monitoring them to check that this [medicine] is still appropriate?”

Mr Pewhairangi questions whether there is something more sinister behind the policy, from a government which has stripped equity as an indicator of need from health policy and is attempting to gut the Pae Ora Act.

“Māori will be hurt by this, and this government is okay with that.”

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