Blog 20.01.2026

Welcome to the new year and the promise it brings hopefully, of better times for everyone. The topic on all our minds is the Governments change of regulation starting 2nd February, making medications scripts no longer all limited to three months maximal dispensing. The implication from the politicians responsible seems to have been that all scripts will be for longer, and this is not the case. They are also saying it will free up doctor's time and make more appointments available. Also, it will work out cheaper and more convenient for patients. Let's examine each of these claims.

No, not all scripts are suitable for prescribing for longer. Already many scripts are already prescribed for shorter times than three months. Antibiotics are rarely prescribed for more than a few days to a week or so. When starting a new medication, we often will limit the initial dispensing to as little as 5-10 days to see if the pill is tolerated and effective. This often applies when there has been an allergy or side effects with a similar medication. An example of this is changing from Felodipine [used mainly for blood pressure] where it caused swollen legs in hot weather to another calcium channel block like Diltiazem [used mainly for angina]. These scripts are usually annotated so that if the trial period is successful, the patient goes back to the pharmacist and gets the rest of the 90 days of medication at no extra cost. This reduces the possibility of wastage of expensive medication as once dispensed it cannot be reused for another patient by the pharmacist. Some pills are used on an 'as needs' basis by patients. Zopiclone as a sleeping pill is a good example here. Often a script for 30 days is to cover the whole 90 days. On the other hand, some medications have always been able to be prescribed for longer: the birth control pill has had 6 month dispensing for some years. Vit D for increased bone strength and the avoidance of osteoporosis in older patients is taken once a month [or for 5 days running each three months]. Often up to now in suitable patients I have resorted to a script that says one daily for 10 days then one a month so to fit a years worth into the 3 month time limit. I welcome being able to prescribe this for the twelve months. This will make the label now say what I really mean! Similarly with Vitamin B12 for pernicious anemia which is injected once every 3 months mainly, we would be able to prescribe 4 ampoules at a time if the patient isn't needing other medications every 3 months anyway. We may be able to prescribe for up to 12 months at a time, but patients will still have to go back to the chemist every 3 months to pick up their medications. If this was not so otherwise the wastage level would be enormous due to changes in medication and new conditions arising. If a patient comes in for an appointment that is simple the medication review may be able to be documented within the 15 minute allocated time for the appointment, but otherwise I just see extra doctors appointments being needed, not less.

"It will free up doctors time". No, it won't. To start, it will massively add to our workload and that of the receptionists and nurses who normally take the orders by phone or through our internet portal H365 for repeat medications.

ALL PATIENTS WILL NEED TO BE ASSESSED FOR SUITABLITY FOR EXTENDED PRESCRIBING BY A DOCTOR IN PERSON.

So, we can't prescribe any repeat medications for more than 3 months until each person has been seen and sorted properly by a doctor. In that visit, the doctor will need to look at individual medications and conditions, see if the patient is up to date with monitoring [home blood pressure taking, blood tests etc]. If the doctor agrees with a longer prescribing period, they will need to log it under Classifications for the others in the practice to see so that they too can arrange repeat medications if requested. For instance, today, three times I logged under Classifications 'Medication review 20/1/26 for 6/12 prescribing'. The receptionist or nurse when taking the request, will now need to check Classifications before acceding the request or declining it. Some medications will be set up for 12 month scripts. These12 month prescriptions are likely to be for people with one or two mild well controlled diseases eg people who use asthma pumps occasionally, cholesterol and others that are ok with annual visits only. Every time medications are changed, this Classification list will need to be reviewed and updated. Every time the patient is seen at an A & E or the hospital, this could mean classifications will need to be updated by a doctor or nurse. Please may our computer program MedTech, eventually develop a way to do this easier, but in the meantime, I just see a lot of extra work for all the staff clicking on this and then on that and having to update it all often.

So, for a few on only 1 or two medications for non-life threatening and easily managed conditions, 12 month prescribing is likely. Patients who are stable but have 1-2 serious conditions, then 6 month prescribing is more likely. We have all agreed that we need to see all our prediabetic patients every three months in person anyway, and similarly our cardiac patients. Some of our stable complex patients may qualify for 6 month prescribing, but this will need to be assessed each time by a doctor. If the patient is on 3 month prescribing not only may repeat prescriptions be declined, but so too may be telephone consultations. At the end of the day, as I like to say often, putting my eyes on the patient can tell me much more than just a voice even when I know most of my patients well. We can't uphold our goal to do the best medicine possible for patients who value their health otherwise.

There is good information on the websites of The Royal New Zealand Council of General Practitioners [RNZCGP], and the Medical Council of New Zealand [MCNZ} for those who wish to follow this up further.

I hope this information clarifies the situation. It begins Feb 2nd 2026.

That is the day Dr Navarone [Nav] Rogers-Hindmarsh joins us. He is an Auckland trained Doctor with links to Ngati Porou. We are looking forward to his arrival. Dr Dominic will be continuing, seeing patients Mondays and Tuesdays, Dr Amy works on Wednesdays and Thursdays, and Dr Ranche covers my business day on Fridays. Dr Taua is here all days except Thursdays, Dr Nav is here all days except Wednesday when he is at Medical School learning more about being a General Practitioner and has Friday afternoons off. SO, we have 4 doctors working Monday and Tuesday, three Wednesday and Thursday and 2.5 doctors working Friday. That should make getting appointments much easier and covering holidays and sickness leave better.

Nga mihi koutou, Drs Jacqueline, Dom, Taua, Ranche, Amy and Nav, nurse Jan and Paula, Receptionists Jamie, Maria and Claire, and of course our wonderful Practice manager Meriana who keeps us all running as smoothly as possible.