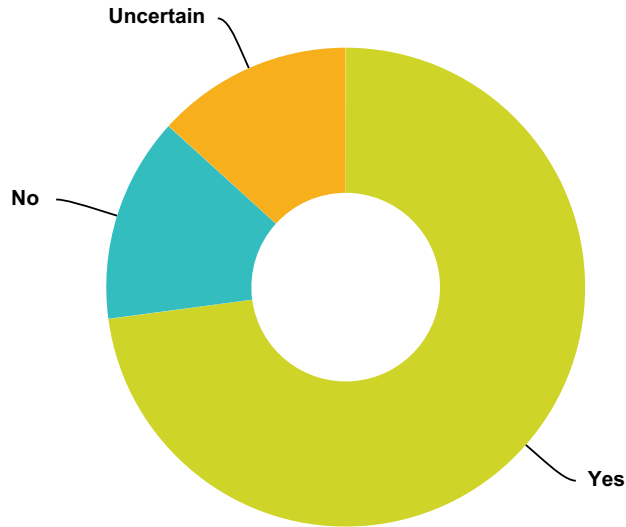


### Q1 In your opinion, is it desirable that New Zealand podiatrists be permitted to prescribe medications independently?

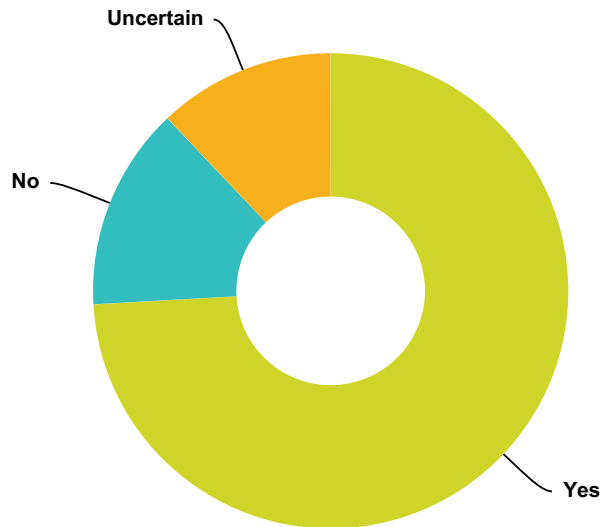
Answered: 166 Skipped: 0



Answer Choices	Responses	
Yes	72.89%	121
No	13.86%	23
Uncertain	13.25%	22
<b>Total</b>		<b>166</b>

**Q2 At this time, do you think there is a need for New Zealand podiatrists to gain privileges to independently prescribe medications?**

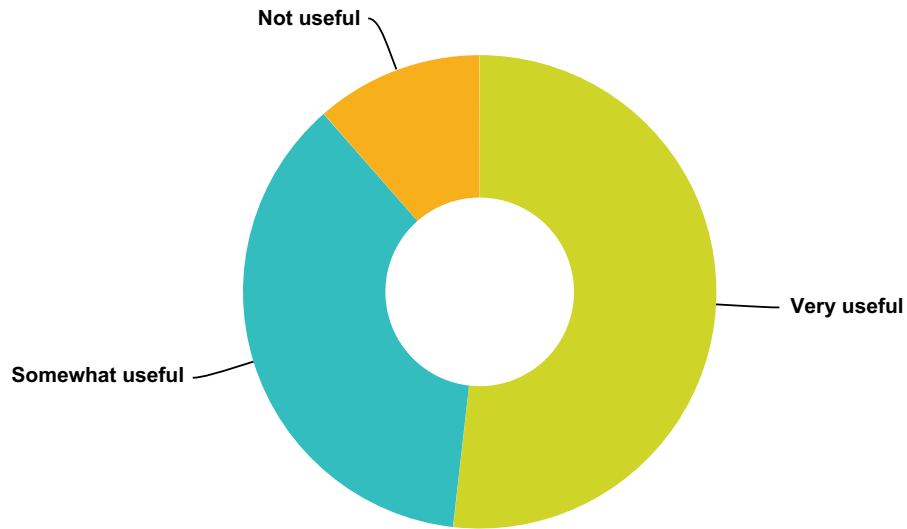
Answered: 166 Skipped: 0



Answer Choices	Responses	
Yes	74.10%	123
No	13.86%	23
Uncertain	12.05%	20
<b>Total</b>		<b>166</b>

### Q3 How useful would it be to be able to prescribe in your practice?

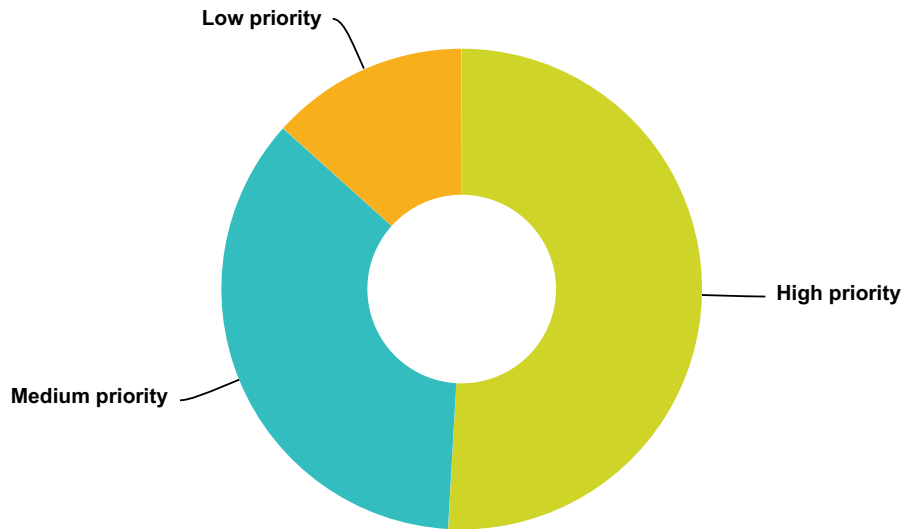
Answered: 166 Skipped: 0



Answer Choices	Responses	
Very useful	51.81%	86
Somewhat useful	36.75%	61
Not useful	11.45%	19
<b>Total</b>		<b>166</b>

### Q4 How important is it for the New Zealand podiatry organisations to undertake the advocacy process necessary for podiatrists to gain some form of prescriptive authority?

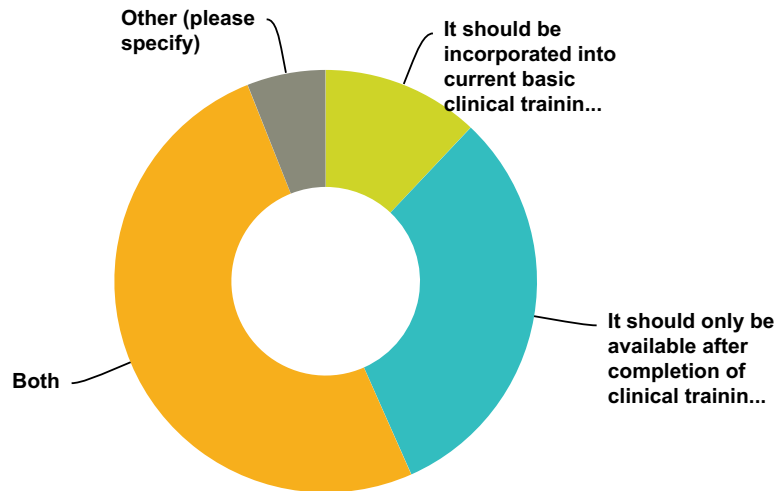
Answered: 165 Skipped: 1



Answer Choices	Responses	
High priority	50.91%	84
Medium priority	35.76%	59
Low priority	13.33%	22
<b>Total</b>		<b>165</b>

### Q5 When should training to prescribe be undertaken?

Answered: 166 Skipped: 0

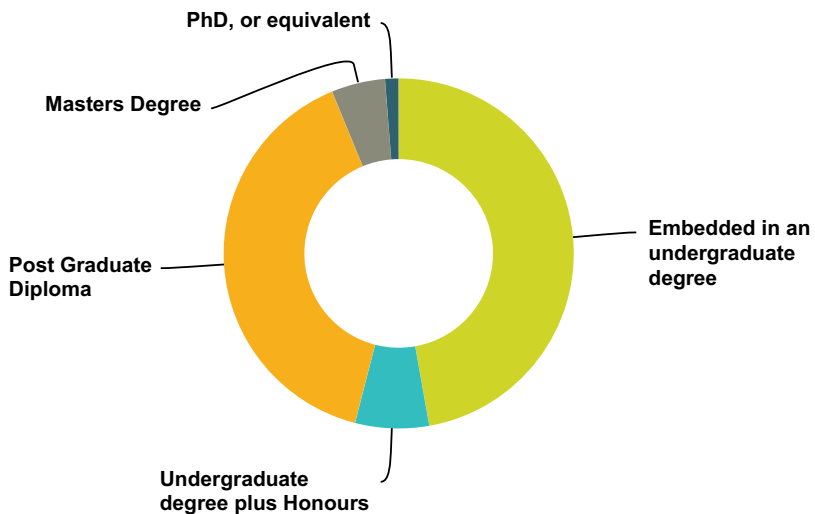


Answer Choices	Responses
It should be incorporated into current basic clinical training programmes	12.05% 20
It should only be available after completion of clinical training (post-qualification)	31.33% 52
Both	50.60% 84
Other (please specify)	6.02% 10
<b>Total</b>	<b>166</b>

#	Other (please specify)	Date
1	podiatry students already undertake a pharmacology paper- which many struggle with - the paper taken at undergraduate level should be expanded on at a post graduate level-	8/19/2016 3:13 PM
2	Training to understand what medications are all about is more necessary than prescribing	7/11/2016 7:07 PM
3	Not at all	7/6/2016 11:59 PM
4	As pharmacology is included as an undreguate topic, extension to prescribing could be optional, but that would most likely add time to that degree and funding for longer training may be an issue.Post grad of course, but not too long, an intense 6-12 month, for a limited number of prescribable items.	7/6/2016 10:28 PM
5	It should be available after completion of clinical training (post qualification) after 5 years of clinical experience	7/6/2016 7:00 PM
6	Waste if time and money and I see more infected foot ulcers than most	7/6/2016 3:26 PM
7	After completion of clinical training (post qualification) and after a minimum of 5 years clinical experience	7/6/2016 1:19 PM
8	Some UK podiatrists already hold certificates. (like me).	7/6/2016 1:18 PM
9	Annual assessment of competence required	7/6/2016 11:52 AM
10	Priority must be as a post graduate qualification	7/6/2016 11:44 AM

### Q6 What should be the minimum requirement for registered podiatrists with an APC to undertake training to prescribe?

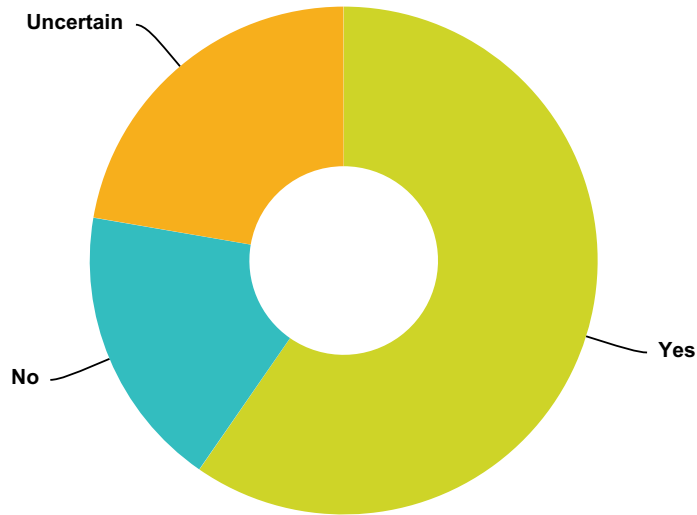
Answered: 161 Skipped: 5



Answer Choices	Responses	
Embedded in an undergraduate degree	47.20%	76
Undergraduate degree plus Honours	6.83%	11
Post Graduate Diploma	39.75%	64
Masters Degree	4.97%	8
PhD, or equivalent	1.24%	2
<b>Total</b>		<b>161</b>

**Q7 If New Zealand podiatrists were to gain prescriptive authority, would you be likely to undertake the additional training to become a prescribing podiatrist?**

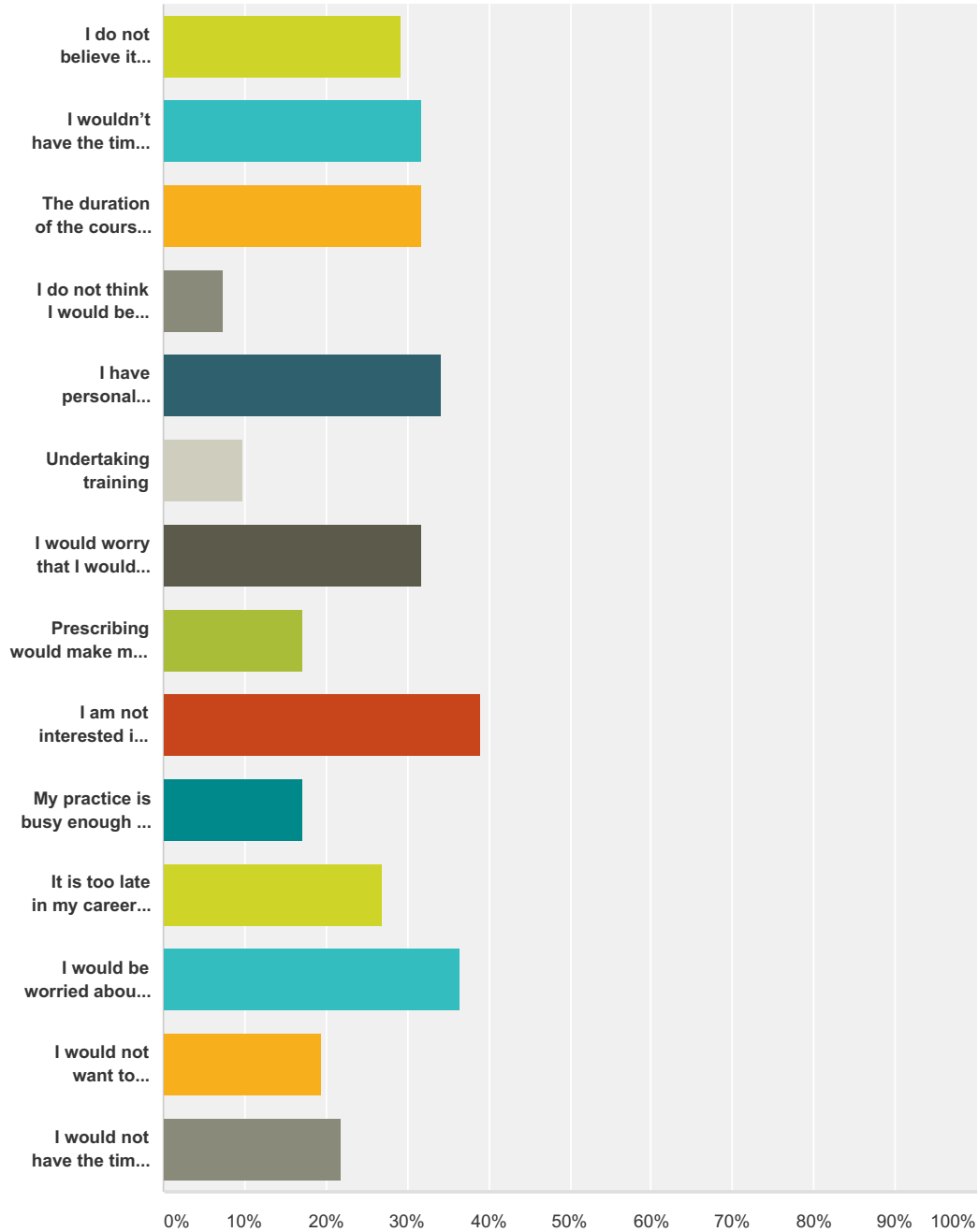
Answered: 166 Skipped: 0



Answer Choices	Responses	
Yes	59.64%	99
No	18.07%	30
Uncertain	22.29%	37
<b>Total</b>		<b>166</b>

**Q8 If you stated that you would NOT be likely to undertake the additional training to become a prescribing podiatrist, please indicate the reason(s) (tick as many as are relevant)**

Answered: 41 Skipped: 125



Answer Choices	Responses
I do not believe it would be relevant to my work as a podiatrist	29.27% 12

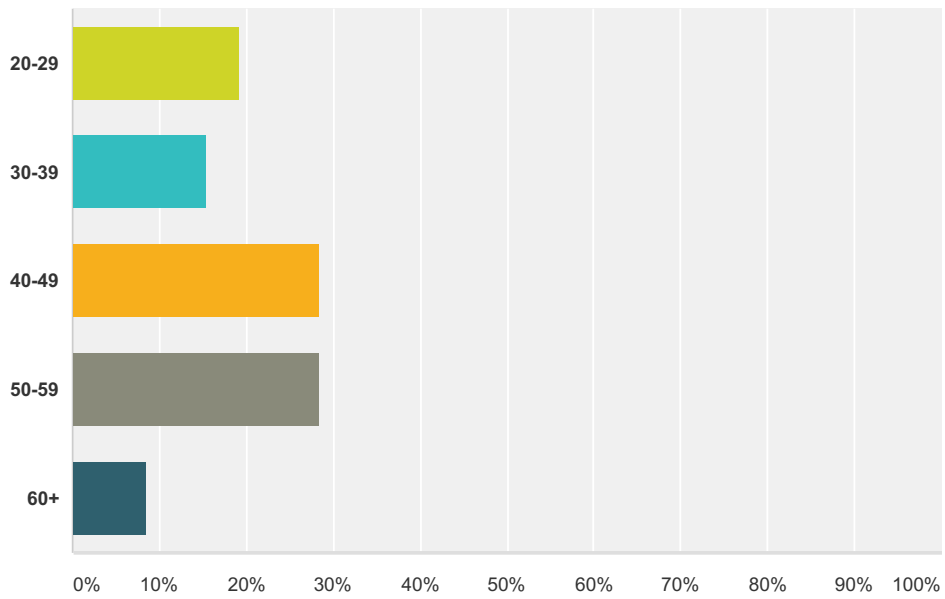


I wouldn't have the time to complete the training	31.71%	13
The duration of the course is likely to be too long	31.71%	13
I do not think I would be capable of completing the training	7.32%	3
I have personal commitments (i.e., family, finances) that would prevent me from	34.15%	14
Undertaking training	9.76%	4
I would worry that I would make the wrong prescriptive decisions	31.71%	13
Prescribing would make my practice insurance too expensive	17.07%	7
I am not interested in including medications as part of the treatment options I can offer	39.02%	16
My practice is busy enough and I do not need any more clients	17.07%	7
It is too late in my career to undertake this training	26.83%	11
I would be worried about the cost of the training	36.59%	15
I would not want to increase the cost of consultation fees to cover my training costs	19.51%	8
I would not have the time to commit to staying up-to-date with pharmacological knowledge once training was completed	21.95%	9
<b>Total Respondents: 41</b>		

#	Other (please specify)	Date
1	As podiatrists we should have good established networks with GP or Specialist providers to liaise with them for total patient care	7/14/2016 6:14 PM
2	I believe we should work in conjunction with the patients GP. therefore it is just as easy to request the prescription for the patient.	7/11/2016 10:05 PM
3	I don't believe it is my role to prescribe. If I did I would train to be a doctor.	7/11/2016 7:11 PM
4	I like discussing prescribing with my doctor colleagues and allowing them the final decision.	7/8/2016 12:12 AM
5	time spent to get prescribing wouldnt add much more value to my service. i have a gd relationship with gps who do this for me.	7/7/2016 6:28 PM
6	Perhaps all of the above have arelevancybut for me the main part is , leave it to the GP upon request, from us as professionals then everything is contained In one medical record	7/7/2016 12:05 AM
7	Nearly due to retire, would be very keen if I was younger.	7/6/2016 11:29 PM
8	Think prescribing may be most important for very experienced pods working in high risk areas with close relationship withdoctors	7/6/2016 5:50 PM
9	I do not feel confident or comfortable with prescribing medication without a full medical degree. If I was the client I wouldn't be comfortable getting a prescription from some one who is not a medical doctor.	7/6/2016 5:00 PM
10	The simple fact is this a half decent and organised podiatrist who maintains nurtures interdisciplinary relationship can achieve much more than any qualification or tight that some overcharging tertiary institution might confer. It is annoying to see this option pursued. It would be better to train how to advocate for patients or better again to subsidise good DATABASE PMS systems a	7/6/2016 3:31 PM
11	I believe that it is important to have a prescribing data base that other medical people can see what has been prescribed	7/6/2016 2:26 PM
12	Worried about already overprescription of antibiotics, rise of superbugs due to overuse already. I can refer clients to GP if necessary.	7/6/2016 1:27 PM
13	There are other more important issues for podiatry in NZ to work through before worrying about prescribing.	7/6/2016 1:20 PM
14	I have already completed this training in the uk.	7/6/2016 1:19 PM
15	I completed the pharmaceutical papers on my undergrad program with the understanding it would allow such registration when it came on line..	7/6/2016 11:49 AM

### Q9 Which age group are you in?

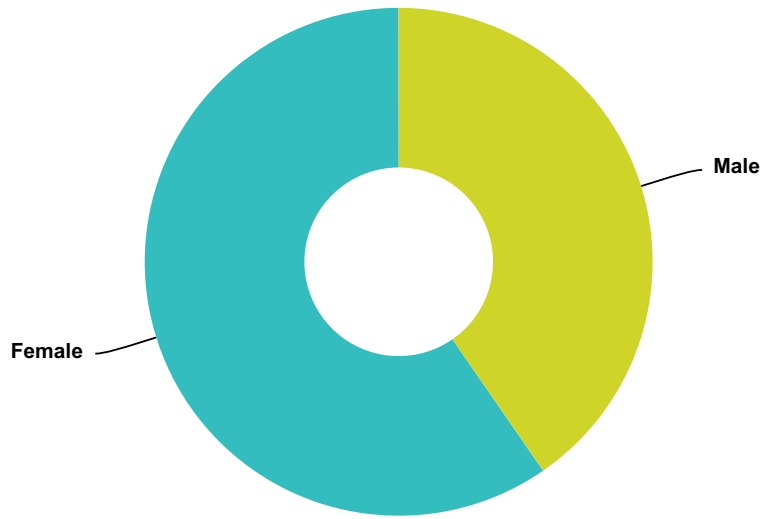
Answered: 162 Skipped: 4



Answer Choices	Responses	Count
20-29	19.14%	31
30-39	15.43%	25
40-49	28.40%	46
50-59	28.40%	46
60+	8.64%	14
<b>Total Respondents: 162</b>		

### Q10 What is your gender?

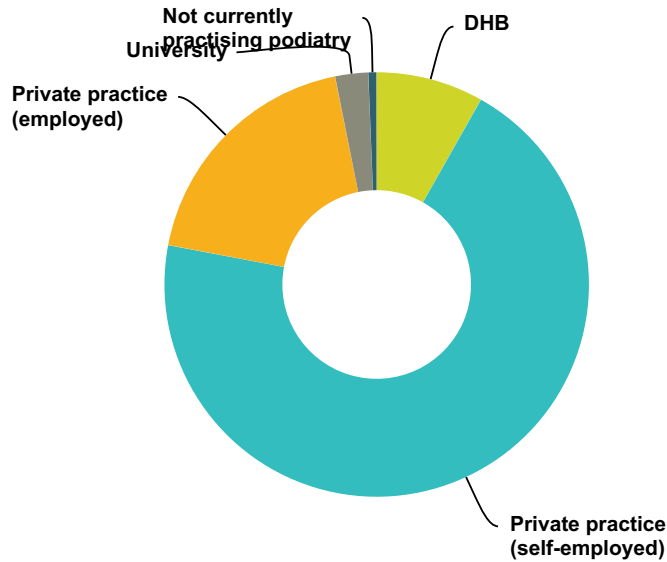
Answered: 161 Skipped: 5



Answer Choices	Responses	
Male	40.37%	65
Female	59.63%	96
Other	0.00%	0
<b>Total</b>		<b>161</b>

### Q11 What is your current work setting?

Answered: 159 Skipped: 7

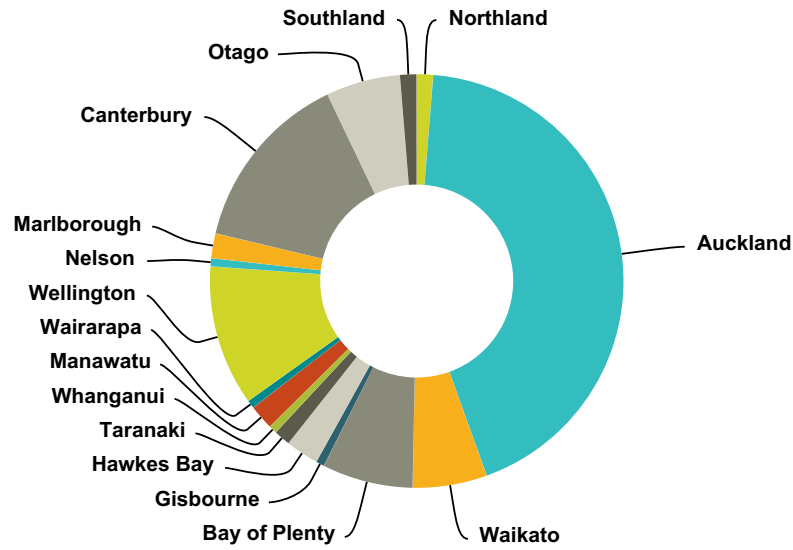


Answer Choices	Responses
DHB	8.18% 13
Private practice (self-employed)	69.81% 111
Private practice (employed)	18.87% 30
University	2.52% 4
Not currently practising podiatry	0.63% 1
<b>Total</b>	<b>159</b>

#	Other (please specify)	Date
1	also work in High risk clinic within DHB	7/14/2016 6:14 PM
2	Clinical and business governance	7/11/2016 2:36 PM
3	Mixed private and DHB	7/6/2016 10:40 PM
4	Aged care	7/6/2016 7:05 PM
5	plus DHB one day per week	7/6/2016 4:36 PM
6	PHO and planning to go into private again	7/6/2016 1:51 PM
7	B	7/6/2016 1:45 PM
8	DHB	7/6/2016 1:32 PM
9	Plus DHB	7/6/2016 1:20 PM

### Q12 What region of NZ do you practice in?

Answered: 155 Skipped: 11



Answer Choices	Responses	
Northland	1.29%	2
Auckland	43.23%	67
Waikato	5.81%	9
Bay of Plenty	7.10%	11
Gisbourne	0.65%	1
Hawkes Bay	2.58%	4
Taranaki	1.29%	2
Whanganui	0.65%	1
Manawatu	1.94%	3
Wairarapa	0.65%	1
Wellington	10.97%	17
Nelson	0.65%	1
Marlborough	1.94%	3
Canterbury	14.19%	22
Timaru/Oamaru	0.00%	0
Otago	5.81%	9
Southland	1.29%	2
<b>Total</b>		<b>155</b>

#	Other (please specify)	Date
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1	registered but not practicing in NZ	8/11/2016 1:27 AM
2	Why don't you just ask for my name?	7/7/2016 12:05 AM
3	overseas	7/6/2016 10:03 PM
4	Australia	7/6/2016 7:05 PM
5	Who's going to cover the insurance/liability of prescribers? Is it the entire podiatry industry or just those who opt to prescribe? I have no interest or plans to pay extra insurance if I'm not undertaking prescribing rights? Will it damage our reputation/working relationship with G.Ps?	7/6/2016 4:36 PM
6	new zealand	7/6/2016 1:19 PM