



The ePodNewsletter

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April 2026

Tēnā koutou katoa. Greetings and welcome to the Board's latest Newsletter.

Podiatry Workforce

Firstly, we must congratulate and welcome the latest graduates to the profession. The registration process ran exceptionally well this year, and we would like to acknowledge the ongoing collaboration from the AUT Podiatry Department in support of ensuring they were fully prepared and experienced a timely and safe transition into the podiatry workforce.

Board Membership

The Board currently remains at full quorum, with the members re-electing Dr Belinda Ihaka as Chair and Erin Beeler as Deputy Chair at the first Board meeting of the year. Both members have substantial podiatry and governance experience, and their ongoing leadership is essential to support the Boards current strategic initiatives, such as the timely and safe implementation of designated prescribing for podiatrists.

Prescribing Update

The Board's recent Consultation: Accreditation Standards - for Aotearoa New Zealand training providers of podiatry prescribing qualifications closed on 7 April 2026 and all

submissions will be considered by the Board at the 21-22 May 2026 Board meeting. The next steps involve the Board providing the approved Accreditation Standards to the first course provider (AUT) to continue work on the prescribing programme development. In May, we will also be publishing the podiatrist prescriber scope of practice, education requirements and fees in the NZ Gazette, as part of the required process for secondary legislation.

At the PodiatryNZ Conference in Wellington on 6-8 August, the Board will be represented on a scheduled Prescribing Panel Discussion, alongside other key stakeholders. This will provide another opportunity for professional discussion, education and updates on the implementation of designated prescribing for podiatrists.

Continued Professional Development (CPD)

Fifty Podiatrists were selected for the CPD Audit in February 2026, with two practitioners ultimately not achieving a satisfactory completion. Following an unsuccessful audit, the Board's process is to propose a condition to be placed on a practitioner's scope of practice to complete the outstanding CPD. The practitioner is then issued with a Board approved Interim Practising Certificate (IPC), which expires on 30 June 2026. The condition on a scope of practice is annotated on our public register and removed once the outstanding CPD is completed by the required date.

The current CPD cycle runs from 1 January 2026 to 31 December 2027, with the next Board audit scheduled for January 2028. Please continue to utilise your Annual Plans to support the forward planning of your CPD and ensure you upload all CPD completed to your portal to avoid unnecessary stress if selected for audit.

Following a consultation process which closed on 15 December 2025 and a review of all submissions, the Board's [Continuing Professional Development \(CPD\) Recertification Policy – additional requirements for podiatric surgeons](#) was implemented in January 2026.

If you are looking for CPD that also aligns with the Boards [Patient Information and Records Practice Standard](#) within the Principles and Standards for the Practice of Podiatry In Aotearoa New Zealand (PSPPANZ), [The Office of the Privacy Commissioners Privacy Week 2026](#) has some excellent free webinars on data and information protection and runs from 11-15 May 2026.

Therapeutic and Health Advertising Code

On 4 December 2025, the Advertising Standards Authority (ASA) announced the release of its refreshed [Therapeutic and Health Advertising Code](#), for new advertising from 1 April 2026 and for all advertising from 1 July 2026.

The [ASA](#) is a self-regulating body that sets industry standards through its various Advertising Codes. While not legislation, the ASA Codes help set clear expectations for responsible advertising alongside existing laws such as the Fair Trading Act 1986 and the Medicines Act 1981.

The [existing](#) and new Therapeutic and Health Advertising Codes apply to any advertising for medicines, medical devices, natural health products, dietary supplements, and health services, as well as advertising that makes therapeutic or health claims and labels or packaging if it is visible in an advertisement.

New Therapeutic Code – highlights:

- **Clearer rules on endorsements:** Advertisers are given clear guidelines that advertisements must not claim or imply endorsement of a product, device or service from healthcare professionals or health service providers, and they must not claim or imply endorsement by any government agency, professional body or independent agency.
- **Safeguards for vulnerable audiences:** The new Therapeutic Code provides greater protection to vulnerable audiences. Vulnerability goes beyond age to also include mental and physical wellbeing, as well as contextual circumstances such as health literacy or financial issues. Advertisers are expected to take extra care to ensure they are not taking advantage of these vulnerable audiences.
- **User generated content:** If user-generated content is included in advertisements, advertisers and their representatives, including influencers and content creators, are primarily responsible for ensuring that user-generated comments and reviews comply with the new Therapeutic Code and relevant legislation. The law already prevents user generated testimonials in advertisements for health products, medical devices or health services that imply a therapeutic purpose or refer to personal use or benefit.

Patient Reviews - One of the most frequent questions raised by registrants relates to Google and Facebook reviews, particularly where patients describe treatment outcomes. It is important to understand the distinction between reviews podiatrists actively use in their advertising and those that simply exist on third-party platforms. User-generated reviews posted by patients on third-party platforms, such as Google Business Profiles, are covered by the Code when podiatrists adopt or republish them as part of their advertising (for example, copying or linking them to the clinic website, social media, or marketing material).

Reviews that appear organically on a third-party platform and are not selected, edited, or promoted by podiatrists are generally treated differently in terms of control. However,

practitioners should still avoid actions that could be seen as endorsing non-compliant content. In practice, this means:

- Practitioners are not required to delete historic Google reviews themselves (and in most cases, you cannot remove them directly).
- Practitioners should not feature or highlight reviews that include therapeutic claims in advertising they control.
- Practitioners should not republish or promote reviews that include statements about diagnosis, cure, or symptom resolution.

The risk of a breach of course arises when a review is copied onto a practitioners website, shared on social media, or otherwise used in advertising a practitioner controls.

The Board's [Advertising Policy](#) was reviewed in February 2026 to reflect these changes and is available on our website.

HbA1C Diagnostic Thresholds

On 24 March, Health New Zealand | Te Whatu Ora issued a [notice of updated HbA1C diagnostic thresholds for diabetes from 1 July 2026](#). This change aligns with World Health Organisation (WHO) guidance and international definitions and is expected to move a small number of people currently classified as having prediabetes into the diabetes category. Further guidance is expected to be released but in the interim period all queries should be directed to the National Diabetes Network via DiabetesNetwork@TeWhatuOra.govt.nz