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PODIATRISTS BOARD OF NEW ZEALAND | TE POARI TIAKI WAEWAE O AOTEAROA (PBNZ)

RESPONSIBLE AUTHORITY PERFORMANCE REVIEW REPORT SUBMISSION

The final report for this responsible authority's review is submitted to the Ministry of Health and the review was completed as below.

AUTHORITY NAME	Podiatrists Board of New Zealand Te Poari Tiaki Waewae o Aotearoa (PBNZ)
DATE OF REVIEW	30 April 2026
FINAL REPORT DATE	28 May 2026

Review Team		
Name	Role	Background
Donna Gordon	Lead Reviewer	Qualified and experienced lead assessor and Registered Nurse.
Tupotahi Maniapoto	Bi-Cultural Reviewer	Qualified and experienced assessor.

Stakeholder interviews	
Name/role/de-identified	comments
Dr F Head of Department	<p>The stakeholder declared the Podiatrists Board Chair reports to them.</p> <p>Relationships with the Board and Chief Executive/ Registrar are strong, reporting a positive and collegial relationship. In their capacity as an accredited provider, they visit annually for a face-to-face meeting. This is in addition to the annual monitoring reports provided.</p> <p>The PG prescribing paper is aiming to be offered in 2027 with graduate/s mid-year. Supervision is not included in the programme (prescribing) with the supervision framework in development (understand). Supervisors could come from other professions. The Board is aware of the prescribing paper.</p>
KS Member of PCC (registered podiatrist)	<p>This stakeholder has their own practice with two other practitioners. Have a background in regulation.</p> <p>Strong working relationship with team and is a member of the PCC.</p> <p>Compared to 20yrs ago, the regulatory authority is a very different space, it is now easy to stand up and share opinions.</p>

	<p>Enjoys relationships and working with operational staff on work programmes.</p> <p>In terms of annual practising certificate requirements, this stakeholder thought the core standards were easy to demonstrate. They are aware of the three hours compulsory training required (cultural) and feels this can be done easily.</p>
JM (CE Regulatory Authority)	<p>Relationship strong with operations team particularly with respect of prescribing as the podiatrists were ahead. Collaboration particularly with prescribing as podiatrists were ahead. Risk factors for the podiatrists is that they work in independent practice.</p> <p>The two regulatory authorities collaborate on policy and standards; co-location supports these relationships. The mantra is <i>'adapt and adopt'</i>.</p>
AM – CE Association	<p>Historically the relationship hasn't been as strong as now. There is now a good relationship with the Chief Executive/ Registrar . [We] did a member survey resulting in positive regarding information from Board. One of our functions is to facilitate CPD for members both online and face-to-face.</p>
Prof EM	<p>Met Chief Executive around two years ago as a member of National Centre for Interprofessional Education & Collaborative Practice (NCIPECP). Invited to come and talk to group regulatory authority meeting re NCIPECP. Relationship is around engaging in respect of collaborative practice. The Chief Executive is always interested and encouraged collaborative practice. Enjoy the relationship with the Chief Executive. The culture is extremely positive and moving in the right direction.</p>

Responsible Authority Core Performance Standards Review Report

Authority Name	Podiatrists Board of New Zealand Te Poari Tiaki Waewae o Aotearoa
Date of Review Report	12 May 2026
Name of reviewing Designated Auditing Agency	BSI New Zealand

Executive Summary

The Podiatrists Board of New Zealand | Te Poari Tiaki Waewae o Aotearoa (the Board) comprises eight members, consisting of six registered podiatrists and two laypersons ([About Us](#)). The Ministry of Health issued a recruitment notice on 24 October 2025 for four Board positions, which was expanded in March 2026 to include an additional two positions. Interviews are expected to occur in May 2026. The Chief Executive / Registrar is supported by a Registration and Recertification Officer who works approximately 22.5 hours/week.

The Board's previous Regulatory Authority Performance Review (the Review) was completed in January 2022 which resulted in four recommendations and four opportunities for improvement. Reported actions taken in response to the recommendations are as follows:

Recommendation 1:

Continuing to develop an alternative process for the next accreditation, that is due in July 2023 and consider the New Zealand context and cultural safety with Ahpra along with an ongoing monitoring framework for annual reporting.

Recommendation 2:

That the Board's accreditation processes include taking appropriate action where concerns are identified.

A new accreditation process was developed, and the New Zealand Entry Level Accreditation Standards were approved in May 2022 ([Accreditation Standards 2022](#)). Professor Vivienne Chuter (Western Sydney University) led the Auckland University of Technology (AUT) accreditation with the site visit occurring on 8-9 June 2023. The recommendations and considerations in the Program Assessment Team Report were presented by the Accreditation Committee to the Board at the 24 August 2023 Board meeting and approved. AUT provide six-monthly updates for the Board, along

with an annual programme overview presentation. The Board's Accreditation Committee continue to monitor the completion of all accreditation recommendations and report back to the Board.

Recommendation 3:

Continuing the mahi for developing cultural competence standards and cultural safety for Māori that that can be embedded into the Podiatrists Board Principles and Standards for the Practice of Podiatry in NZ and PBNZ Ethical Codes and Standards of Conduct.

Recommendation 4:

To continue the journey for the Board working as a Tiriti engaged organisation for Māori participation and leadership representation to work in partnership in design, implementation, standards and policy.

In 2024 the Board completed a consultation and review of their Ethical Codes and Standards of Conduct and the Principles and Standards for the Practice of Podiatry in Aotearoa New Zealand ([PSPPANZ 2024](#)). The standards include five practice standards:

- Cultural Competence
- Infection Prevention and Control
- Informed Consent
- Patient Information and Records
- Professional Relationships

The PSPPANZ and [Ethical Codes and Standards of Conduct 2024](#) clearly define the standards of ethical conduct, and clinical and cultural competence that all registered podiatrists must meet. Tuakana-Teina Mentoring Programme was developed by the Board and administered (in agreement) by PodiatryNZ in collaboration with the Board and AUT. PodiatryNZ are still in the process of implementing this initiative. Completion of a Cultural Open Book Exam (COBE) is required for all overseas trained applicants and in September 2024, this requirement was introduced for Trans-Tasman Mutual Recognition Act (1997) applicants. The Board are currently investigating how to digitalise this process. Ongoing collaboration with Ao Mai te Rā | The Anti-Racism Kaupapa and production of government agency CPD resources for profession, including, Ao Mai te Rā | The Anti-Racism Kaupapa resources.

Progress towards meeting the opportunities for improvement identified at the previous review were also reported in the Board's self-assessment.

The current review

There are 503 podiatrists with an annual practicing certificate with the majority being New Zealand graduates.

The Board's Strategic Planning Annual Plan 2026-2027 guides operating work programmes. There is ongoing monitoring and updating of actions taken to meet the deliverables. Key deliverables relating to the prescribing work programme include (but not limited to):

- a) Production of a Prescribing Memorandum of Understanding (MoU) between PBNZ & Podiatry NZ, to support the effective & timely Implementation & operationalisation of designated prescribing for podiatrists (February 2026)
- b) Review PBNZ Return to Practice Competence Requirements Policy to include reference to additional scopes of practice (podiatric surgeon & podiatrist prescriber). (*Discuss May 26, Final approval Nov 26*)
- c) Implementation & operationalisation of designated prescribing for podiatrists, supported by the PBNZ Strategic Regulatory & Education Plan. Ensure it involves a system wide communications plan (*Dec 2026*)

The Board has three gazetted scopes of practice with prescribed qualifications.

- Podiatrist
- Podiatric surgeon¹
- Visiting podiatrist educator/presenter

All podiatrists are required to meet the Boards Principles and Standards for the Practice of Podiatry in Aotearoa New Zealand ([PSPPANZ 2024](#)) and [Ethical Codes and Standards of Conduct 2024](#)) both released 2024.

In February 2025 the scope of practice *Podiatric Radiographic Imager* was revoked and an amendment made to the *Visiting Podiatrist Educator/ Presenter* scope following consultation (December 2023) and considered by the Board February 2024.² The Board is in the process of developing an additional scope of practice of podiatrist prescriber with consultation having been undertaken in September 2025.

The Board developed their accreditation process and accreditation standards in May 2022, and an Accreditation Committee was established. AUT is delivering the only New Zealand accredited programme leading to registration as a Podiatrist (Bachelor

¹ There is one practitioner registered in this scope who is non-practising.

² The Board took into consideration the impact of this decision, especially as the 8-9 February 2024 Board meeting was relatively close to the start of a new Annual Practising Certificate (APC) renewal cycle. Therefore, the Board resolved to approve the removal of the Podiatric Radiographic Imager scope of practice at the start of the subsequent APC renewal cycle, effective 1 April 2025.

of Health Science), having been accredited in 2023. There is appropriate monitoring of the programme's performance in place.

There is a publicly accessible register on the Board's website that includes practitioners that are practising and non-practising (referred to as inactive maintenance (IM)). Registration data is managed via the Ners system. There are four registration pathways including New Zealand graduates, Australian applicants, overseas applicants and practitioners wishing to return to practice following an absence of three or more years. Australian and overseas applicants are required to complete the COBE as part of registration requirements. Once completed applicants submit their COBE to the Registration Officer who marks the COBE. This is reportedly administratively heavy and there may be an opportunity to consider other programmes where marking is not a function of the operating staff. There is a CPD programme in place that includes audit of up to 20% of registrants on a 2-yearly cycle. The current cycle closes 31 December 2027. The Board is in the process of developing CPD requirements for the podiatrist prescriber scope.

There is information available on the Board's website in respect of making a complaint and/or notification. There are operating policies in place to guide practice once a notification is received. An educative and supportive process is considered.

The Board are aware of their role as regulator and adopt a right-touch approach to regulation. The Board is co-located with eight other Regulatory Authorities which supports collaboration and policy sharing.

Significant progress has been made since the last review in terms of developing cultural competence standards and cultural safety for Māori that is embedded into the Podiatrists Board Principles and Standards for the Practice of Podiatry in NZ and PBNZ Ethical Codes and Standards of Conduct. There is the opportunity for the Board to continue the journey towards working as a Tiriti engaged organisation by further embedding principles across all functions.

Recommendations

This review had identified one low-risk recommendation against the core performance standards for the Podiatry Board's attention:

Function 10.1:

There is evidence the Board has made significant progress towards working as a Te Tiriti engaged organisation for Māori participation and leadership representation. Te Tiriti is embedded in the PBNZ Ethical Codes and Standards of Conduct and Principles and Standards for the Practice of Podiatry in Aotearoa New Zealand (PSPPANZ). The Board should continue to build on this momentum of embedding

Te Tiriti principles across all Board functions, with consideration of future Māori health action plans and strategic priorities.

Functions under section 118 HPCA Act 2003 and their related core performance standards

Purpose and requirements

Responsible Authorities are designated under the Health Practitioners Competence Assurance Act 2003 (the Act) to fulfil certain functions. An amendment in 2019 to the Act adding section 122A, required a performance review of all Responsible Authorities be conducted within three years of enactment, with subsequent reviews conducted at intervals of no more than five years. The Ministry of Health (the Ministry) is responsible for the facilitation of these reviews.

Performance reviews provide assurance to the Crown and the public that responsible authorities are performing their functions efficiently and effectively. This includes the assurance that: the responsible authorities are carrying out their required functions in the interests of public safety, their activities focus on protecting the public without being compromised by professional self-interest, and their overall performance supports high public confidence in the regulatory system.

Performance reviews will assess a responsible authority's performance against the full set of *Core Performance Standards*. These standards are aligned with the functions under section 118 of the HPCA Act. The Ministry may require review of additional aspects of Responsible Authorities' performance.

Risk management

Identify the degree of risk to patient safety and/or public confidence that is associated with the level of attainment the responsible authority achieves for each criterion. Review the 'risk' in relation to its possible impact based on the consequence and likelihood of harm occurring if the responsible authority does not fully attain the criterion. Use the risk management matrix when the audit result for any criterion is partially attained or unattained.

To use the risk management matrix, you need to:

1. consider what consequences for consumer safety might follow from the responsible authority achieving partially attained or unattained for a criterion, within a range from extreme/actual harm to negligible risk of harm occurring
2. consider how likely it is that this adverse event will occur due to the provider achieving partially attained or unattained for a criterion, within a range from being almost certain to occur to rare
3. plot the findings on the risk assessment matrix to identify the level of risk, and prioritise risks in relation to severity
4. approve the appropriate action the provider must take to eliminate or minimise risk within the timeframe. Note that timeframes are set based on full resolution of the requirement, which may include a systems change or staff training programme. Anything requiring urgent attention is identified in the report, along with any longer timeframe needed to make sustainable change.

The Risk management matrix uses a probability versus impact quadrant with the following risk categories: low, low-med, medium and high.

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
1.1	The RA has defined clear and coherent competencies for each scope of practice	<p>Podiatrists Board of New Zealand Te Poari Tiaki Waewae o Aotearoa (PBNZ) has three gazetted scopes of practice with prescribed qualifications.</p> <ol style="list-style-type: none"> 1. Podiatrist (503 with APC) 2. Podiatric surgeon (1 registered who is non-practising)³ 3. Visiting podiatrist educator/presenter <p>All applicants are registered in the podiatrist scope of practice. Other scopes are considered additional scopes of practice⁴.</p> <p>The Board has a clear competency framework for the scopes of practice. In 2024 the Board completed a consultation and review of their Competency Framework, including the Ethical Codes and Standards of Conduct and the Principles and Standards for the Practice of Podiatry in Aotearoa New Zealand (PSPPANZ). The PSPPANZ includes five Practice Standards:</p> <ol style="list-style-type: none"> 1. Cultural Competence 2. Infection Prevention and Control 3. Informed Consent 4. Patient Information and Records 5. Professional Relationships <p>The PSPPANZ and Ethical Codes and Standards of Conduct define clearly the standards of ethical conduct, and clinical and cultural competence that all registered podiatrists must meet in their scopes of practice.</p> <p>The Board is in the process of developing a new additional scope of practice of podiatrist prescriber. The Board consulted on this new scope</p>	FA			

³ All applicants for the additional scope of practice of podiatric surgeon undergo a desk top assessment conducted for the Board by the Australasian College of Podiatric Surgeons (ACPS) or the University of Western Australia (UWA) that assesses not only their qualification, but recency of practice and surgery outcomes

⁴ In 2025 Scope of practice – Podiatric Radiographic Imager and related qualifications was revoked ([Gazette 2025](#)).

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		September 2025 (Consultation: Podiatrist Prescriber Scope of Practice) with submissions closing 24 October 2025. An Education and regulatory plan describing actions and deadlines for this work programme was provided as part of this review. AUT will be providing the prescribing paper commencing in the new year with the first graduates mid-2027.				
1.2	The RA has prescribed qualifications aligned to those competencies for each scope of practice	<p>There are prescribed qualifications for each scope:</p> <ol style="list-style-type: none"> Podiatrist - A registered primary health care practitioner (including those previously registered as a chiroprapist) who utilises medical, physical, palliative, and surgical means other than those prescribed in the Podiatric Surgeon scope of practice, to provide diagnostic, preventative, and rehabilitative treatment of conditions affecting the feet and lower limbs. Qualification: Bachelor of Health Science from an accredited New Zealand University or a National Diploma in Podiatry or Chiroprody from the Central Institute of Technology or equivalent overseas qualification as determined by the Podiatrists Board. Podiatric Surgeon - A registered primary health care practitioner who holds the scope of practice of podiatrist and is further qualified to perform foot surgery by way of sharp toe nail wedge resection; surgical correction of lesser digital deformities affecting the phalanges, metatarsals and associated structures; surgical corrections of deformities affecting the first toe, first metatarsal and associated structures; surgical correction of osseous deformities of the metatarsus, mid tarsus, rearfoot and associated structures; surgical correction and removal of pathological subcutaneous structures such as tendinous and nervous tissues and other connective soft tissue masses of the foot. 	FA			

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		<p>Qualification: A Post Graduate qualification in Podiatric Surgery as determined by the Podiatrists Board or equivalent overseas qualification.</p> <p>Note: All applicants for the additional scope of practice of podiatric surgeon undergo a desk top assessment conducted for the Board by the Australasian College of Podiatric Surgeons (ACPS) or the University of Western Australia (UWA) that assesses not only their qualification, but recency of practice and surgery outcomes.</p> <p>3. Visiting Podiatrist Educator/Presenter - A visiting registered podiatrist who qualifies for the scope of practice of podiatrist, and when appropriate for their specialty area of education, also qualifies for an additional scope of practice of Podiatric Surgeon and/ or Podiatric Radiographic Imager as determined by the Podiatrists Board, who is presenting short-term educational/instructional programmes requiring demonstrations or practices, of a clinical or practical nature.</p> <p>Qualification: Qualifications as to the individual educator speciality areas as recognised by the Podiatrists Board.</p>				
1.3	The RA has timely, proportionate, and transparent accreditation and monitoring mechanisms to assure itself that the education providers and programmes it accredits deliver graduates who are competent to practise the relevant profession	<p>The Board has timely, proportionate, and transparent accreditation and monitoring mechanisms in place.</p> <p>As the Australian and New Zealand Podiatry Accreditation Council (ANZPAC) was disestablished in June 2019, the Board developed their own accreditation process and approved the New Zealand Entry Level Accreditation Standards in May 2022 (Accreditation assessment tool for New Zealand entry-level podiatry programs). An Accreditation Committee was established to ensure ongoing monitoring of this process.</p> <p>The Department of Podiatry at AUT underwent a full accreditation assessment in 2023. AUT are the only podiatry course provider in Aotearoa New Zealand. Dr Mike Frecklington (Head of Department, AUT)</p>	FA			

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Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
		provides 6 monthly updates for the Board, along with an annual programme overview presented in person at a scheduled Board meeting.				
1.4	The RA takes appropriate actions where concerns are identified	<p>The Board can require more frequent monitoring reporting of accredited providers.</p> <p>The Board takes timely, appropriate and proportionate action when notifications are received/concerns are raised about the conduct and/or competency of all registrants. A Notification Register is maintained and there are appropriate policies and guidance documents for all notification pathways including:</p> <ul style="list-style-type: none"> • Podiatrists Board Complaint Process Outline • Naming policy (internal) • Delegations to the Registrar under the Health Practitioners Competence Assurance Act 2003 • Professional Conduct Committee (PCC) Guidelines • Policy on Competence Reviews • Competence Review Guidelines for practitioners • Guidelines for Competence Review Committee Members 	FA			
1.5	Reviews prescribed qualifications and scopes of practice (at minimum of once every five years)	The Board regularly reviews the scopes of practice and following a consultation process revoked the scope of practice of podiatric radiographic imager in February 2025 (Gazette 2025).	FA			

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers.

Section 118c) To consider applications for annual practicing certificates

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
2.1	The RA maintains and publishes an accessible, accurate register of registrants (including, where permitted, any conditions on their practice)	The Board maintains and publishes on their website an accessible and accurate register of registrants, including, where permitted, any conditions on their practice (Podiatrists Board- search the register). A demonstration of the register was provided. The current database can add an additional scope of practice.	FA			
2.2	The RA has clear, transparent, and timely mechanisms to consider applications and to: a) Register applicants who meet all statutory requirements for registration	A register of practitioners is maintained of practising and non-practising (Inactive Maintenance (IM)). Registration data and processes are managed via the Ners system (Podata), supported by Mercury IT. This system can provide year by year data on new registrants, which is available to view in Annual Reports (Annual Reports).	FA			
	b) Issue practicing certificates to applicants in a timely manner	All registration and APC applications are completed in a timely manner. Once a registration is complete an APC can be issued within 24 hours. There is a guiding document for overseas applicants (including TTMR Act) on the Boards website (Candidate Guide: Qualification and Skills Assessment for Registration in Aotearoa NZ).	FA			
	c) Manage any requests for reviews of decisions made under delegation	Sound processes are also in place to manage any requests for reviews of decisions made under delegation. A person who is adversely affected by a decision made by a person under a delegation given may apply in writing and request the Board to review the delegates decision. The Board must as soon as practical review the delegates decision and either confirm or revoke the decision. There have been no requests for review since the previous review.	FA			

Function 3: Section 118d) To review and promote the competence of health practitioners.

Section 118e) To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners.

Section 118k) To promote education and training in the profession

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
3.1	<p>The RA has proportionate, appropriate, transparent and standards-based mechanisms to:</p> <p>a) Assure itself that applicants seeking registration or the issuing of a practicing certificate meet, and are actively maintaining, the required standard</p>	<p>All registrants are required to be familiar with PSPPANZ and the Ethical Codes and Standards of Conduct 2024.</p> <p><i>New Zealand applicants</i></p> <p>The Bachelor of Health Science (AUT) is the only New Zealand qualification leading to registration with the Board. All first time APC applicants and return to practice APC applicants must provide evidence of a current Basic Life Support to accompany their application.</p> <p><i>Return to practice</i></p> <p>The Board has Return to Practice Competence Policy in place, to support applicants returning to practice after three plus years away from practising. The Return to Practice Policy provides the supervision requirements for those practitioners returning to practice after more than three years non-practising. A list of potential supervisors is available for them, and the Board regularly advertise for podiatrists to be supervisors or Competence Committee Review (CRC) members in newsletters. Supervision guidelines are provided along with guidelines for CRC members as required.</p> <p><i>TTMR</i></p> <p>If you are registered to practice podiatry in Australia, you are entitled to seek registration in the equivalent occupation in Aotearoa New Zealand. The Board requires the successful</p>	FA			

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	<p>b) Review a health practitioner's competence and practice against the required standard of competence</p>	<p>completion of a Cultural Competence Open Book Exam (COBE), as part of the registration process.</p> <p><i>Overseas</i></p> <p>Requirements are outlined in Candidate Guide: Qualification and Skills Assessment for Registration in Aotearoa NZ which applicants are directed to on the website. Applicants must have graduated within three years of the date of application in New Zealand and be registered in the country where they gained their qualification OR practised within the past three years of the date of their application for registration. Evidence of a current Basic Life Support is to accompany their application. The Board requires the successful completion of a Cultural Competence Open Book Exam (COBE), as part of the registration process.</p> <p>The Board has an established Continuing Professional Development (CPD) Recertification Programme (Continuing Professional Development Recertification Policy (June 2025)) to support the ongoing competence of registrants, supported by clear guidelines for the profession. Podiatrists must engage in a minimum of 40 hours of CPD in every two-year recertification cycle which is prescribed by CPD categories and described in the above policy. The CPD Recertification Programme is based on a 2-year cycle, with the current cycle closing on 31 December 2027. Up to 20% of APC holders are audited at random. There is a suite of guidelines on the website to support podiatrists and a Guidance List of CPD providers available.</p> <p>The CPD programme requires that practitioners must log their CPD hours online in their practitioner portal and upload any relevant documentation. They are also provided with an Annual</p>				
			FA			

Function 3: Section 118d) To review and promote the competence of health practitioners.

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Section 118k) To promote education and training in the profession

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		<p>Plan template to support forward planning and reflection. The online CPD access also provides podiatrists returning to practice throughout the year with a pro-rated calculation of how many CPD hours will be required of them before the end of the cycle.</p> <p>Additional CPD requirements are required for podiatric surgeons. This requirement was reviewed in 2025, following a consultation process.</p> <p>The Board are in the process of developing the CPD requirements for the additional scope of practice of podiatrist prescriber, following a recent consultation process.</p> <p>All registered practitioners who do not hold a current practising certificate are exempt from CPD requirements.</p>				
	c) Improve and remediate the competence of practitioners found to be below the required standard	Practitioners who fail to comply with the CPD recertification programme requirements are invited to comment and the matter will be referred to the Board for consideration. An educative approach is taken where possible.	FA			
	d) Promote the competence of health practitioners	Engagement with the profession in support of promoting education and continuing competence is undertaken via newsletters, Joint PBNZ and PodiatryNZ initiatives and via presentations and webinars for the AUT students.	FA			

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information.

Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
4.1	The RA has appropriate, timely, transparent, fair, and proportionate mechanisms for:	The Board has policies and guidance to facilitate appropriate management of notifications. The Board's website has clear information about complaints process and the route for consumer complaints to HDC, alongside links to provide information to the Chief Executive/Registrar if required.	FA			
	a) Providing clear, easily accessible public information about how to raise concerns or make a notification about a health practitioner	The Board also has policies and guidance for Professional Conduct Committees (PCCs) and Competence Review Committee's (CRCs) and practitioners undergoing reviews. Luke Cunningham Clere, Wellington is used for legal advice regards notifications, as required.				
	b) Identifying and responding in a timely way to any complaint or notification about a health practitioner	The process is outlined in <i>Podiatrist Board Complaint Process Outline</i> . Upon receipt of such a complaint, the Registrar is to investigate the matter with a view to assessing whether principles of good decision making have been exercised. A notification register is maintained.	FA			
	c) Considering information related to a health practitioner's conduct or the safety of the practitioner's practice	All notifications follow the same process. When received additional information may be sought directly from the complainant/ notifier. Notifications are managed by the Chief Executive/ Registrar and discussed with the Executive Team. The Executive team is made up of two Board members and the Chief Executive /Registrar. An example was discussed that included a condition placed on practice.	FA			

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information.

Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
	d) Ensuring all parties to a complaint are supported to fully inform the authority's consideration process	The practitioner is always offered to have a conversation as part of the information gathering process. The amount of support required is determined. Where the practitioner is Māori, advice is sought from the Board Chair (Māori) or other Regulatory Authority Cultural Advisors.	FA			
	e) Enabling action, such as informing appropriate parties (including those specified in section 118(g)) that a practitioner may pose a risk of harm to the public <i>NB: 118 g) To notify employers, the ACC, the Director General of Health, and the HDC that the practice of a health practitioner may post a risk of harm to the public</i>	The Board has a strong working relationship with ACC, and with HDC, HPDT and the Enforcement Team at the Ministry of Health. When there is occasion to notify these organisations under section 35 HPCA Act 2003 that the practice of a health practitioner may pose a risk of harm to the public, the Board ensures that was done in a timely manner The 2025 Annual Report noted 06 consumer complaints (four of which were referred to the Health and Disability Commissioner's Officer). There was no competence or conduct reviews undertaken across the period.	FA			

Function 5: Section 118h) To consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
5.1	<p>The RA has clear and transparent mechanisms to:</p> <p>a) Receive, review, and make decisions regarding notifications about health practitioners who may be unable to perform the functions required for the practice of the profession</p>	<p>The Board has clear and transparent mechanisms in place to receive notifications and consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession.</p>	FA			
	<p>b) Take appropriate, timely, and proportionate action to minimise risk</p>	<p>The board takes action to minimise risk in support of primary functions. For example., under section 45, 46 and 47 HPCA Act 2003, the Chief Executive/Registrar will take all reasonable steps to consider the notice in a timely fashion, including seeking medical advice from a treating medical professional if required.</p> <p>In the case of serious health issues, and the Chief Executive/Registrar considers that the practitioner may be prevented from performing the functions required for practice, the Chief Executive/Registrar will refer the matter to the Board for consideration.</p> <p>Where the Board considers that a practitioner may be unable to perform the functions required for the practise of his or her profession because of some mental or physical condition, the Board can require a practitioner to submit him or herself for an examination or testing by a medical practitioner at the expense of the Board under section 49. The Board can also decide to suspend a practising certificate or include conditions on a scope of practice under section 48.</p>	FA			

Function 5: Section 118h) To consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
		<p>In terms of health declarations, voluntary agreements are also used to provide supports to a practitioner who may return to work following an injury or period of ill health. A voluntary agreement in this circumstance also fulfils the function of enabling the Chief Executive/Registrar to monitor the practitioner's return to work in terms of their health. This ensures all required supports are in place to enable a safe return to practice.</p>				

Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
6.1	<p>The RA sets standards of clinical and cultural competence and ethical conduct that are:</p> <ul style="list-style-type: none"> a) Informed by relevant evidence b) Clearly articulated and accessible c) Developed in consultation with the profession and other stakeholders d) Inclusive of one or more competencies that enable practitioners to interact effectively and respectfully with Māori 	<p>The Board sets standards of clinical and cultural competence and ethical conduct that have been developed in consultation with key stakeholders.</p> <p>The PSPPANZ and the Ethical Codes and Standards of Conduct 2024 are readily available on the Board's website.</p> <p>The Board has stakeholder lists to disseminate information when consultations are being undertaken.</p> <p>The PBNZ Principles and Standards for the Practice of Podiatry in Aotearoa New Zealand (PSPPANZ) and Ethical Codes and Standards of Conduct define clearly the standards of ethical conduct, clinical and cultural competence that all registered podiatrists must meet in their scopes of practice.</p> <p>The Cultural Competence Practice Standard (in PSPPANZ) sets the Board's expectations on cultural competence for podiatrists in health practice in Aotearoa New Zealand.</p> <p><i>Overseas applicants and TTMRA</i></p> <p>All overseas applicants, including those applying under the TTMRA are required to complete the PBNZ Cultural Open Book Exam (COBE). Once completed the COBE is marked by the operations staff. This is reported administrative heavy. The Board are looking to digitise the exam.</p>	FA			

Function 7: Section 118j) To liaise with other authorities appointed under this Act about matters of common interest

Section 118ja) To promote and facility inter-disciplinary collaboration and cooperation in the delivery of health services

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
7.1	The RA understands the environment in which it works and has effective and collaborative relationships with other authorities.	<p>The Podiatrist Board is widely recognised as a leading collaborator amongst the RAs in support of its core functions. The Board is co-located with eight Regulatory Authorities (RA), and regular meetings are held to support effective collaboration, idea and policy sharing around best practice.</p> <p>Stakeholders are regularly invited to these meetings to discuss key issues of common interest, e.g, ACC, HDC, HPDT, HQSC and others. Recent examples of collaboration and education with other RA's include:</p> <ol style="list-style-type: none"> 1. Regular all RA Ministry of Health, Allied Health meetings. 2. Development of the RA Principles for quality and safe prescribing practice, which have guided the development of Prescribing Standards. 3. PBNZ led Prescribing hui and ongoing support, advice and collaboration with the Paramedic Council and Physiotherapy Board in support of their applications for designated prescribing rights. 4. Ministry of Health Safer Prescribing and Dispensing hui 5. Ministry of Health Workforce Regulatory Reform hui and joint RA submissions. 6. Promotion of interprofessional collaboration and education amongst RAs via the Chief Executive/Registrars position on the 	FA			

Function 7: Section 118j) To liaise with other authorities appointed under this Act about matters of common interest						
Section 118ja) To promote and facility inter-disciplinary collaboration and cooperation in the delivery of health services						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
		<p>National Centre for Interprofessional Education and Collaborative Practice (NCIPCEP).</p> <p>7. Production of a combined RA PCC Training Video.</p> <p>8. Establishment of a pool of Laypersons for all RAs to utilise for PCC's and CRCs.</p>				
7.2	The RA uses mechanisms within the HPCA Act such as scopes of practice, competence standards, accreditation standards, and communications to promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services.	<p>The Board regularly leads on initiatives that contribute to the functioning of the health system by collaborating with other RAs.</p> <p>As an example, there is a shortage of podiatrists in Aotearoa New Zealand and a need to support access to safe services. In response, the Board has produced guidelines for podiatrists working with footcare assistants in podiatry practice. They have also fully supported the Ministry's ongoing initiative to develop a training course and structure for footcare assistants.</p> <p>The Board also provided a guidance statement for podiatrists cutting fingernails in September 2024, which enables podiatrists to provide this service despite the anatomical boundary in the scope of practice of the lower limbs/feet.</p> <p>The Board has collaborated with all RAs with prescribing rights, to support the safe and effective implementation of designated prescribing. Ongoing support and is provided to the Paramedic Council and Physiotherapy Board in support of their applications for designated prescribing rights.</p> <p>Increased networking and the development of interprofessional relationships was one of the core drivers in the development of the Board's CPD framework. One of the CPD categories "Professional Communication" was developed with the specific</p>	FA			

Function 7: Section 118j) To liaise with other authorities appointed under this Act about matters of common interest

Section 118ja) To promote and facility inter-disciplinary collaboration and cooperation in the delivery of health services

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
		<p>purpose of enabling and enhancing podiatrists to form collaborative networks, be they within the podiatry profession or across other health professions.</p> <p>The Board has developed an RA Statement of Intent on Inter Professional Collaborative Practice (IPCP), which identifies shared actions via the Chief Executive/Registrars role on the National Centre for Interprofessional Education and Collaborative Practice (NCIPCEP).</p>				

Function 9: Section 118I) To promote public awareness of the responsibilities of the authority.						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
9.1	<p>The RA:</p> <p>a) Demonstrates its understanding of that the principal purpose of the HPCA Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practice their professions</p> <p>b) Provides clear, accurate, and publicly accessible information about its purpose, functions and core regulatory processes</p> <p>c) In promoting public awareness, recognises opportunities to also promote public confidence in the profession and in the Responsible Authority</p>	<p>The Board demonstrates its understanding that the principal purpose of the Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions</p> <p>Clear, accessible and accurate information about the Board's regulatory purpose, activities, and responsibilities under the HPCA Act 2003 is readily available on the website for the public and profession, along with Annual Reports.</p> <p>In promoting public awareness, the Board recognise and take advantage of the opportunities to also promote public confidence in the podiatry profession and through collaborative initiatives with PodiatryNZ and all key stakeholders.</p> <p>The Board has engaged fully with Te Tāhū Hauora Health Quality & Safety Commission (HQSC) to support the development of a system safety strategy for Aotearoa New Zealand, which is a priority requirement within the Government policy statement on health for 2024-27. The Board was also represented at their Welcome to Ō Mātou Reo: Our Voices 2025 Conference in October 2025.</p>	<p>FA</p> <p>FA</p> <p>FA</p>			

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
10.1	<p>The RA:</p> <p>a) Ensures that the principles of equity and of te Tiriti o Waitangi/ the Treaty of Waitangi (as articulated in <i>Whakamaua: Māori Health Action Plan 2020-2025</i>) are followed in the implementation of all its functions</p>	<p>The Board always aims to ensure that the principles of equity and of Te Tiriti o Waitangi are embedded in all functions.</p> <p>The Boards Principles and Standards for the Practice of Podiatry in Aotearoa New Zealand (PSPPANZ) and Ethical Codes and Standards of Conduct reflect clearly that podiatrists must honour the Te Tiriti o Waitangi principles in the delivery and promotion of podiatry services.</p> <p>The Board has made significant progress on ensuring Te Tiriti is considered during standards review. There is a cultural competency. There is the opportunity to continue this journey by strengthening how Te Tiriti can inform the Board's decision-making across its regulatory functions, such, but not limited to the complaints/ notifications process.</p> <p>The Board Chair is Māori who may support the Council in this endeavour.</p>	PA	Low	<p>There is evidence the Board has made significant progress towards working as a Te Tiriti engaged organisation for Māori participation and leadership representation. Te Tiriti is embedded in the PBNZ Ethical Codes and Standards of Conduct and Principles and Standards for the Practice of Podiatry in Aotearoa New Zealand (PSPPANZ). The Board should continue to build on this momentum of embedding Te Tiriti principles across all Board functions, with consideration of future Māori health action plans and strategic priorities.</p>	360 days
	<p>b) Ensure the principles of Right-touch regulation are followed in the implementation of all its functions</p>	<p>The Board ensures that the principles of Right-touch regulation are followed in the implementation of all its functions. In 2025, the Professional Standards Authority (PSA) published an updated version of these principles. Following this review, the core principles remain the same, but they have expanded on some areas and provided more clarity.</p> <p>Right-touch and risk-based regulation is based on these commonly accepted principles of proportionate, consistent,</p>	FA			

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
		targeted, transparent, accountable, and agile regulation and the Board has embraced these principles and applies them effectively to support their decisions.				
	c) Identifies and addresses emerging areas of risk and prioritises any areas of public safety concern	The Board keeps a close eye on emerging areas of risk and prioritises any areas of public safety concern, this is supported by a risk-based approach across all core functions and by a collaborative approach with all key stakeholders. There is a risk register in place that is regularly reviewed by the Board.	FA			
	d) Consults and works effectively with all relevant stakeholders across all its functions to identify and manage risk to the public in respect of its practitioners	<p>Podiatry Board of Australia (PodBA). The Board enjoys a very collegial relationship with the PodBA and its operational team at Ahpra, and it continues to strengthen its ties with regular joint meetings of representatives from both Boards to discuss topics of mutual importance. The sharing of policies and processes, and mutual concerns, encourages collaboration and cooperation which benefits practitioners and consumers on both sides of the Tasman. This has been particularly useful for the implementation of designated prescribing for podiatrists benefiting from lessons learnt in Australia. The next in person meeting with PodBA is scheduled for August 2026, to coincide with the next joint NRAS/Ahpra conference in Melbourne.</p> <p>Auckland University of Technology (AUT) Podiatry Department and the Board has an excellent relationship with the Podiatry Department and the School of Allied Health. There are regular communications regarding the podiatric curriculum, Board registration and continuing competence requirements and other matters of mutual interest. This is supported by regular meetings between the Head of Department, Podiatry and the PBNZ Chief Executive/Registrar. The Head of Department provides timely accreditation updates and attended the last Board meeting in</p>	FA			

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
		February 2026 to provide the members with a programme update.				
	e) Consistently fulfils all other duties that are imposed on it under the HPCA Act or any other enactment	<p>PodiatryNZ. The Board has established an excellent relationship with PodiatryNZ and regularly collaborates to ensure consistent messaging to the profession, in support of effective engagement, regulation, ongoing education and public engagement and protection.</p> <p>Their Chief Executive attended the last Board meeting in February 2026 to update the Board on all initiatives. The Board has also recently developed a Memorandum of Understanding (MoU) to support the effective and safe implementation of designated prescribing for podiatrists.</p> <p>The Board will also be represented at their next national conference in August 2026 in Wellington, on a prescribing panel, alongside representatives from AUT and the Pharmaceutical Guild in support of ensuring the profession are fully engaged, educated and aware of the processes involved to implement designated prescribing.</p> <p>There is a close working relationship with ACC Clinical Partner, in support of ensuring emerging areas of risk are identified and responded to in a timely manner.</p> <p>The Board also continues to develop their relationships with international regulatory organisations and was represented at the Council on Licensure, Enforcement and Regulation (CLEAR) 9th International Congress on Professional and Occupational Regulation in December 2025, which took place in Wellington.</p>	FA			