Podiatrist prescribing consultation submission form

**How to respond**

Feedback is due by 21st October. You can:

* provide feedback online at [https://podiatristsboard.org.nz/news-resources- forms/consultations/proposal-for-podiatrist-prescribing/](https://podiatristsboard.org.nz/news-resources-forms/consultations/proposal-for-podiatrist-prescribing/)
* OR - print this form, complete it and email it to: registrar@podiatristsboard.org.nz
* OR - print this form and mail completed form to:

o Annabel Whinam Registrar

PO Box 9644

Wellington 6141

## First name

**Last name**

**Email**

**Name of organisation**

All feedback received before the closing date will be considered by the Podiatrists Board of New Zealand prior to an application being made to the Ministry of Health.

Feedback we receive is subject to the Official Information Act 1982 (OIA) and we will consider any request to have information withheld in accordance with our obligations under the OIA. Anyone providing feedback, whether on their own account or on behalf of an organisation, and whether in a personal or professional capacity, should be aware that the content of their feedback and their identity may need to be disclosed in response to an OIA request.

We are not able to treat any part of your feedback as confidential unless you specifically request that we do, and then only to the extent permissible under the OIA and other relevant laws and requirements. If you would like us to withhold any commercially sensitive, confidential proprietary, or personal information included in your submission, please clearly state this in your submission and identify the relevant sections of your submission that you would like it withheld. The PBNZ Board will give due consideration to any such request.

# Do you agree with the proposal that qualified podiatrists be able to prescribe from a proposed list of medicines agreed by the PBNZ Board?

[***See consultation document Section 6, Page 8***](https://podiatristsboard.org.nz/wp-content/uploads/2019/09/15-Sept-2019-Consultation-FINAL.pdf#page%3D8)

**Circle one:** Yes / No

## Further comments:

1. **Do you agree that podiatrists who can prescribe medicines will enable patients to receive more accessible, timely and convenient care?**

[***See consultation document Section 6, Page 8***](https://podiatristsboard.org.nz/wp-content/uploads/2019/09/15-Sept-2019-Consultation-FINAL.pdf#page%3D8)

**Circle one:** Yes / No

## Further comments:

1. **Do you agree that the proposed Podiatrist Prescriber Course will provide podiatrists with the knowledge and skills required for safe prescribing?**

[***See document Section 12, Page 12***](https://podiatristsboard.org.nz/wp-content/uploads/2019/09/15-Sept-2019-Consultation-FINAL.pdf#page%3D12)

**Circle one:** Yes / No

## Further comments:

1. **Do you agree with the continuing competence requirements for Podiatrist Prescribers?**

[***See document Section 16, Page 15***](https://podiatristsboard.org.nz/wp-content/uploads/2019/09/15-Sept-2019-Consultation-FINAL.pdf#page%3D15)

**Circle one:** Yes / No

## Further comments:

1. **Do you agree that Podiatrist Prescriber (should) be an endorsement within the existing Podiatrist Scope of Practice?**

[***See document Section 17, Page 15***](https://podiatristsboard.org.nz/wp-content/uploads/2019/09/15-Sept-2019-Consultation-FINAL.pdf#page%3D15)

**Circle one:** Yes / No

## Further comments:

1. **Do you agree that the name Podiatrist Prescriber adequately describes and informs the public and other health professionals of the breadth (or limitations) of this prescribing authority?**

[***See document Section 17, Page 15***](https://podiatristsboard.org.nz/wp-content/uploads/2019/09/15-Sept-2019-Consultation-FINAL.pdf#page%3D15)

**Circle one:** Yes / No

## Further comments:

1. **Do you agree with the proposed list of prescription medicines that approved podiatrists will be able to prescribe as designated prescribers?**

[***See document Section 18, Page 16***](https://podiatristsboard.org.nz/wp-content/uploads/2019/09/15-Sept-2019-Consultation-FINAL.pdf#page%3D16)

**Circle one:** Yes / No

## Further comments:

1. **Are there any other comments or suggestions you would like to make? Do you have any other feedback about the Podiatry Prescribing consultation that you think the Board should consider?**

**Circle one:** Yes / No

## Further comments:

Thank you for taking time to provide feedback.