

Responsible Authority Core Performance Standards Review Report

Authority Name	Podiatrists Board of New Zealand
Date of Review Report	19 January 2022
Name of reviewing Designated Auditing Agency	BSI Group New Zealand Limited

Executive Summary

The Podiatrists Board of New Zealand is the responsible authority under the Health Practitioners Competence Assurance Act (the HPCA Act), for the regulation of the podiatry profession.

There are currently 522 on the register with 484 podiatrists having an APC, 3 podiatric surgeons in that additional scope of practice and 1 podiatric radiographic imager in that additional scope of practice.

Podiatrists specialise in the diagnosis, treatment, prevention and rehabilitation of the lower limb. This can range from treating sports injuries, orthotic (biomechanical) therapy to improving walking and running, high risk foot conditions such as diabetic complications, arthritic problems, general foot conditions, footwear advice, as well as nail and skin surgery. Podiatrists usually work regular business hours in clinics but may also work in hospitals, rest homes, shoe shops and the marae.

The Secretariat consists of a full-time Registrar and a Registration & Recertification Officer (22 hours).

The governance is made up of eight Board members that consists of six podiatrists and two lay members. Board Portfolios include Governance, Finance & Secretariat, Education, Fitness to Practice / Recertification, Standards & Competence, Competence Review & Discipline, and Prescribing.

The Board currently has four gazetted scopes of practice that have competencies and prescribed qualifications. The four scopes of practice are: Podiatrist, Podiatric Surgeon, Podiatric Radiographic Imager, and Visiting Podiatrist Educator/ Presenter.

Processes and systems are well established to register applicants, issue practicing certificates, review and improve competence, and respond to complaints, conduct and health notifications.

The Board has a public website that contains key information on its role and functions and processes that regulate the practitioners. This includes policies, standards, newsletters, annual reports and a news section. The Board are in the process of a website “refresh” to ensure both the public and practitioners have easy access to Board information and for the Board’s commitment to TeTe Tiriti o Waitangi to be clearer.

The Board demonstrates principles of right-touch regulation through its policies, processes, systems, consultations, governance, commitment to Māori and how it works with its practitioners and stakeholders.

The Board has completed a 2021 SWOT analysis and is in the process of establishing its next strategic plan aimed for February 2022.

Key initiatives that are underway include:

- the major project for the Board for the 20/21 year has been continued work of the preparation of the submission for designated prescribing for registered podiatrists and submission of the application to the Ministry of Health for their consideration is anticipated prior to the end of 2021,
- the Podiatry Department at AUT Auckland University of Technology is the sole education provider for podiatric education in New Zealand and the Board is developing an alternative process for the next accreditation, due in July 2023,
- in 2021 the Board's CPD was reviewed; this identified that the current approach to cultural safety CPD requires revision, with a move away from a time-based approach to a system that promotes an understanding and relevance to practice,
- the Board are closely engaged with the Ministry of Health and all stakeholders to ensure the profession receives the most up to date COVID guidance, enabling the profession to respond effectively & safely, and
- the Board is completely committed to becoming a Te Tiriti compliant Responsible Authority.

The recommendations for improvement identified from this performance review include building on the current initiatives. These are:

- 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,
- that the Board's accreditation processes include taking appropriate action where concerns are identified,
- continuing the mahi for developing cultural competence standards and cultural safety for Māori 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, and
- 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.

This performance review also identified the following:

- if the APC form could be clearer and more specific about the fitness to practice declaration,
- to consider whether a New Zealand cultural requirement is needed for TTMRA registration,
- that a risk register approach could be considered that applies a methodology to record, assess and prioritise risks and would be updated and saved on an ongoing basis, and
- a need to update references to privacy legislation in identified policies to refer to the Privacy Act 2020.

Recommendations

The below table summarises the areas for improvement identified from this review with associated timeframes. Refer to the next section of the report for the full reviewer's comments associated with the recommendation.

Ref #	Related core performance standards	Rating	Risk Level	Recommendation	Timeframe (months / date)
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	PA	L	To continue 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.	12 months (up to 31 December 2022) and ongoing
1.4	the RA takes appropriate actions where concerns are identified	PA	L	That the Board's accreditation processes include taking appropriate action where concerns are identified.	12 months (up to 31 December 2022) and ongoing
6.1	The RA sets standards of clinical and cultural competence and ethical conduct that are: <ul style="list-style-type: none"> • Informed by relevant evidence • Clearly articulated and accessible 	PA	L	Continue 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.	6 – 12 months (up to 31 December 2022) and ongoing
10.1	The RA: <ul style="list-style-type: none"> • Ensures that the principles of equity and of Te Tiriti o Waitangi/ the Treaty of Waitangi (as articulated in Whakamaua: Māori Health Action Plan 2020-2025) are followed in the implementation of all its functions 	PA	L	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.	6 – 12 months (up to 31 December 2022) and ongoing

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. 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.

This initial 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 HCPA Act.

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	Timeframe (months / date)
1.1	the RA has defined clear and coherent competencies for each scope of practice	<p>The Board currently has four gazetted scopes of practice, that have competencies, and are fully described on their website.</p> <p><u>Podiatrist:</u> A registered primary health care practitioner (including those previously registered as a chiropodist) 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.</p> <p><u>Podiatric Surgeon:</u> 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 deformities of the metatarsus, mid-tarsus, rear foot and associated structures; surgical correction and removal of pathological subcutaneous structures such as tendentious and</p>	FA			

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		<p>nervous tissues and other connective soft tissue masses of the foot.</p> <p><u>Podiatric Radiographic Imager:</u> A registered primary health care practitioner who holds the scope of practice of Podiatrist, who is qualified to use radiological equipment, and is licensed by the Ministry of Health Office of Radiation Safety, to obtain plain radiographic images and/or fluoroscopic images of the foot, ankle and lower leg.</p> <p><u>Visiting Podiatrist Educator/ Presenter:</u> 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>There is 1 podiatric radiographic imager currently holding an APC in that additional scope of practice and it is likely that this scope will be removed in the near future.</p>				

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1.2	the RA has prescribed qualifications aligned to those competencies for each scope of practice	<p>All scopes have prescribed qualifications.</p> <p><u>Podiatrist:</u> A Bachelor of Health Science in Podiatry from an accredited New Zealand University or a National Diploma in Podiatry or Chiropody from the Central Institute of Technology or equivalent overseas qualification as determined by the Podiatrists Board.</p> <p><u>Podiatric Surgeon:</u> A Post Graduate qualification in Podiatric Surgery as determined by the Podiatrists Board or equivalent overseas qualification.</p> <p><u>Podiatric Radiographic Imager:</u> As part of the New Zealand undergraduate Bachelor of Health Science in Podiatry or satisfactory completion of an accredited post graduate training course in podiatric radiography.</p> <p><u>Visiting Podiatrist Educator/ Presenter:</u> Qualifications as to the individual educator speciality areas as recognised by the Podiatrists Board.</p>	FA			
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	The Podiatry Department at Auckland University of Technology (AUT) is the sole education provider for entry level podiatric education in New Zealand. There is no education provider for podiatric surgery in New Zealand. The Department of Podiatry underwent a full accreditation assessment	PA	L	To continue 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	12 months (up to 31 December 2022) and ongoing

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	<p>graduates who are competent to practise the relevant profession</p>	<p>in May 2018, and the Australia and New Zealand Accreditation Council (ANZPAC) provided this process for the Board.</p> <p>This accreditation process used the New Zealand version of the Australia and NZ Podiatry Competency Standards.</p> <p>As ANZPAC was disestablished in June 2019, the Board is developing an alternative process for the next accreditation, due in July 2023.</p> <p>This process will be developed from the new Australian Health Practitioner Regulation Agency National Boards (Ahpra) accreditation standards for entry-level podiatry programs, 28 July 2021 and their associated guidance documents. There is also the Ahpra Accreditation standards: Podiatric surgery programs, 1 September 2021.</p> <p>The accreditation report of May 2018 for AUT's Bachelor of Health Science (Podiatry) included recommendations for standards not fully satisfied.</p> <p>The Board considers a collegial relationship with AUT important, and this can be facilitated by regular visits between the Board and AUT. An annual visit by the AUT head of school to a Board meeting and a visit by Board members to AUT.</p>			<p>ongoing monitoring framework for annual reporting.</p>	

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		The Board visited the AUT School of Podiatry 18/10/19 and following this it was agreed that a yearly informal visit would be beneficial to both the Board and the School.				
1.4	the RA takes appropriate actions where concerns are identified	Monitoring processes are currently applied and as the Board develops an alternative process for the next accreditation consideration of concerns is to be included.	PA	L	That the Board's accreditation processes include taking appropriate action where concerns are identified.	12 months (up to 31 December 2022) and ongoing

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	Timeframe (months / date)
2.1	The RA maintains and publishes an accessible, accurate register of registrants (including, where permitted, any conditions on their practice)	<p>The Board's public register is available on their website and the public can easily search for a practitioner. Searches can be carried out via name, registration number or practice status.</p> <p>There are currently 522 on the register with 484 podiatrists having an APC, 3 podiatric surgeons in that additional scope of practice and 1 podiatric radiographic imager in that additional scope of practice.</p> <p>The APCs have an expiry date of 31 March, and any conditions are recorded on a practitioner's APC.</p>	FA			
2.2	<p>The RA has clear, transparent, and timely mechanisms to consider applications and to:</p> <ul style="list-style-type: none"> • Register applicants who meet all statutory requirements for registration • Issue practicing certificates to applicants in a timely manner • Manage any requests for reviews of decisions made under delegation 	<p>The registration data and processes is managed via the Ners system (Podata). This system can provide year by year data on new registrants, which is available to view in the Annual Report.</p> <p>Online registration information and forms are available for NZ graduates, overseas candidates and TTMRA applications. There are policies and processes in place for registration that include criminal conviction check, English language and fitness to practice.</p> <p>All overseas applicants are required to complete the PBNZ Cultural Open Book Exam (COBE) which is currently being</p>	FA			

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		<p>updated to reflect recent changes following the Health and Disability Review.</p> <p>All applicants are firstly registered in the podiatrist scope of practice and all other scopes are classed as additional scopes of practice.</p> <p>All applicants for the additional scope of practice of Podiatric Surgeon now 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 & surgery outcomes.</p> <p>Currently registration and APC applications can be completed in a timely manner, and the Board about to remove the requirement to send all initial registration certified documents by post to further assist this.</p> <p>An update is planned for the online processes to include enabling online first APC and overseas APC applications.</p> <p>Processes and policies to guide the consideration of applications for registration and APCs are in place.</p> <p>Application for an Annual Practising Certificate (APC) also involves undertaking Board recertification requirements.</p>				

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		<p>Podiatrists are given an opportunity to make written and oral submissions prior to any decision being made to decline an Annual Practising Certificate application, or to include or vary conditions in the podiatrist's scope of practice.</p> <p>Opportunity for Improvement</p> <p>This performance review identified that the APC form could be clearer and more specific about the fitness to practice declaration. Also, to consider whether a New Zealand cultural requirement is need for TTMR registration.</p>				

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

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3.1	<p>The RA has proportionate, appropriate, transparent and standards-based mechanisms to:</p> <ul style="list-style-type: none"> Assure itself that applicants seeking registration or the issuing of a practicing certificate meet, and are actively maintaining, the required standard Review a health practitioner's competence and practice against the required standard of competence Improve and remediate the competence of practitioners found to be below the required standard Promote the competence of health practitioners 	<p>To ensure the ongoing competence of podiatrists and following consultation with the profession, a new CPD framework was introduced 1 January 2018 and is based on a 2-year cycle, with the current cycle closing on 31 December 2021.</p> <p>The CPD requirements currently fall into the following categories: Compulsory (infection control, wound management, and cultural safety), Professional communication, Professional learning, and Basic life support (also compulsory).</p> <p>A minimum of 40 CPD hours (plus basic life support) every 2 years is now the requirement, and the Board calls on up to 20% of practitioners each year, for a semi random audit.</p> <p>The CPD programme requires that practitioners must log all their CPD hours online in their practitioner portal and upload any relevant documentation. The online CPD access also provides podiatrists returning to practice throughout the year with a pro rata calculation of how many CPD hours will be required of them before the end of the cycle. This audit will also include any practitioner who has completed the Boards Return to Practice criteria, which applies to those who returned to</p>	FA			

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		<p>practise during this CPD cycle with more than 3 years away from practising as a podiatrist. Further CPD requirements are required for Podiatric Surgeons.</p> <p>Additionally, in 2021 the Board's CPD was reviewed. The results of the survey indicated podiatrists value CPD and are satisfied with most aspects of the mandatory CPD programme, apart from the hours attributed to compulsory activities.</p> <p>The current approach to cultural safety CPD requires revision, with a move away from a time-based approach to a system that promotes an understanding and relevance to practice. Subsequently the Board are currently reviewing the cultural safety component of the programme.</p> <p>The Return to Practice Policy Document provides the supervision requirements for those practitioners returning to practice after more than 3 years. 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 the Newsletters. All supervision guidelines are provided below along with guidelines for CRC members.</p>				

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		Engagement with the profession in support of promoting education and continuing competence is undertaken via: Newsletters, Joint PBNZ and Podiatry NZ webinars and via presentations and webinars for the AUT students.				

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

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4.1	<p>The RA has appropriate, timely, transparent, fair, and proportionate mechanisms for:</p> <p>Providing clear, easily accessible public information about how to raise concerns or make a notification about a health practitioner</p>	<p>The Board's current website has clear information about the complaints process and the route for consumer complaints to HDC, alongside links to provide information to the Registrar. The Board is currently "refreshing" that website to make the process even clearer for the public.</p> <p>The Board do not receive significant numbers of complaints and notifications. The 2020-21 Annual Report shows two competence referrals.</p>	FA			
4.2	<ul style="list-style-type: none"> Identifying and responding in a timely way to any complaint or notification about a health practitioner Considering information related to a health practitioner's conduct or the safety of the practitioner's practice Ensuring all parties to a complaint are supported to fully inform the authority's consideration process 	<p>The PBNZ Complaints Process Outline document and all Competence Review Committee (CRC) guidelines are available on the website.</p> <p>Complaints against practitioners should be made in writing and be sufficiently detailed. It is recommended that complaints affecting a health consumer be sent to the Health and Disability Commissioner. Complaints may also be referred to the Board or be received from HDC.</p> <p>The Board assesses the complaint, and considers in light of the nature and circumstances of the complaint, the action</p>	FA			

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		<p>or actions that the Board should take to respond to the complaint.</p> <p>A health practitioner may inform the authority in writing, if they believe that a practitioner for whom the Authority is responsible may pose a risk of harm to the public, by practising below the required standard of practice.</p> <p>The Board may at any time review the competence of a practitioner who holds a current Annual Practising Certificate (APC), whether or not there is reason to believe that the practitioner's competence may be deficient.</p> <p>If the Board assesses a risk of serious harm to the public because the practitioner is practising below the required standard of competence, the Authority can suspend the practitioner's APC or change the practitioner's Scope of Practice.</p> <p>The Board may undertake a review of a practitioner and if the Board has reason to believe that the practitioner fails to meet the standard of competence, the Authority must make one or more of the orders specified in the Health Practitioners Competence Assurance Act 2003:</p>				

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		<ul style="list-style-type: none"> • that the practitioner undertake a competence programme • that one or more conditions be included in the health practitioner's scope of practice • that the practitioner sit an examination or undertake an assessment specified in the order • that the health practitioner be counselled or assisted by one or more nominated persons. <p>Professional Conduct Committee (PCC) Guidelines state that if the Board considers information raises questions about the conduct or the safety of a practitioner's practice, it may refer a case to a PCC.</p> <p>The Professional Conduct Committee can make various determinations and recommendations. Some of the determinations and recommendations possible are that: the Board counsel the practitioner, the Board review the competence of the podiatrist, the Board review the practitioner's scope of</p>				

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		<p>practice, a charge be brought against the podiatrist, or no further steps be taken.</p> <p>The Board has notification / complaints register.</p> <p>All relevant parties are kept up to date with the progress of their complaint/case.</p>				
4.3	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	<p>The Board identifies a strong working relationship with their Clinical Partner at ACC, HDC and the Enforcement / Compliance Team at the Ministry of Health.</p> <p>Despite a low risk profile, the Board have had occasion this year 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, and that was done in a timely manner.</p> <p>The Board has a Naming Policy that applies where the Board is considering whether to publish the name of a Podiatrist and the policy sets out the circumstances in which the practitioner may be named.</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						
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5.1	<p>The RA has clear and transparent mechanisms to:</p> <ul style="list-style-type: none"> • 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 • Take appropriate, timely, and proportionate action to minimise risk 	<p>Health notifications can occur at registration, renewal of APC or during the year.</p> <p>The Board has clear 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> <p>This includes that the 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 Registrar considers that the practitioner may be prevented from performing the functions required for practice, the Registrar will refer the matter to the Board for consideration. 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.</p>	FA			

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		<p>The Board can also decide to suspend a practising certificate or include conditions on a scope of practice under section 48.</p> <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 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

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6.1	<p>The RA sets standards of clinical and cultural competence and ethical conduct that are:</p> <ul style="list-style-type: none"> • Informed by relevant evidence • Clearly articulated and accessible 	<p>The Board Registration and Practice Standards include:</p> <ul style="list-style-type: none"> • Podiatry Competency Standards • Principles and Standards for the Practice of Podiatry in New Zealand (PSPPNZ) • Ethical Principles and Standards of Conduct • Telehealth Standards <p>The Podiatrists Board Principles and Standards for the Practice of Podiatry in NZ and PBNZ Ethical Codes and Standards of Conduct state clearly that podiatrists must practice within New Zealand law and acknowledge the partnership with tangata whenua as established by Te Tiriti o Waitangi. They must recognise the unique place Māori hold as tangata whenua in New Zealand and honour the Te Tiriti o Waitangi principles of partnership, participation, and protection in the delivery and promotion of podiatry. They must respect cultural values, be aware of cultural diversity when treating people of all cultural backgrounds and treat patients in a culturally responsive manner.</p> <p>The Board advises that it still has a lot of work to do, including developing cultural</p>	PA	L	Continue 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.	6 – 12 months (up to 31 December 2022) and ongoing

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	Timeframe (months / date)
		<p>competence standards that can be embedded into these standards.</p> <p>The major project for the Board for the 20/21 year has been continued work of the preparation of the submission for designated prescribing for registered podiatrists, following consultation with all stakeholders. Submission of the application to the Ministry of Health for their consideration is anticipated prior to the end of 2021. The Board were able to engage the OTBNZ's Cultural Advisor to work with the Board and their Professional Advisor to ensure the application for prescribing rights is an appropriate, inclusive, and balanced document.</p>				
6.2	Developed in consultation with the profession and other stakeholders	<p>Consultations occur with the profession, and this includes the submission for designated prescribing for registered podiatrists</p> <p>Also surveyed podiatrists regarding the CPD changes.</p>	FA			
6.3	Inclusive of one or more competencies that enable practitioners to interact effectively and respectfully with Māori	The current standards include cultural values and awareness. The Board are committed to working in partnership with Māori in setting standards that require Podiatrists to demonstrate culturally safe care, and care that demonstrates a knowledge of Te Tiriti o Waitangi.	FA			

Function 7: Section 118j) To liaise with other authorities appointed under this Act about matters of common interest						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	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 Board has an ongoing collaborative relationship with other authorities. This includes but is not limited to:</p> <ul style="list-style-type: none"> • Monthly meetings are held with partner RA's and NCNZ to support effective collaboration, idea and document sharing around best practice, e.g., standards and policies. • Professional Conduct Committee membership training undertaken for multiple responsible authorities (lead by OTBNZ). • That the ongoing Service Level Agreement and Lease Agreement with the Nursing Council of New Zealand (NCNZ) is working well • The collective responsible authorities have met during 2021 to discuss potential initiatives including several collaborative workshops. • Pool of Lay members established for all RAs for PCC's and CRCs. 	FA			

Function 8: Section 118ja) To promote and facilitate 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	Timeframe (months / date)
8.1	The RA uses mechanisms within the HPCA Act such as competence standards, accreditation standards, and communications to promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services.	<p>In addition to working collaboratively with the other responsible authorities, the Board is involved in inter-disciplinary collaboration and cooperation that includes the following.</p> <ul style="list-style-type: none"> As an example, there is currently a shortage of podiatrists in New Zealand and a need to improve inter-disciplinary collaboration and cooperation and also improved access to safe services, in response, the Board have produced Guidelines for podiatrists working with footcare assistants in podiatry practice. In support of the application for designated prescribing for registered podiatrists, the Board have participated in regular meetings with other professions with authorised prescribing rights, such as the Pharmacy Council of New Zealand, the Nursing Council of New Zealand, and the Dieticians Board. These meetings are chaired by the Ministry of Health, Health Workforce team and are designed to identify the best mechanisms and processes for the implementation of prescribing rights for podiatrists into the regulatory framework. In September 2021 the Board applied for and was granted authorisation for 	FA			

Function 8: Section 118ja) To promote and facilitate 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	Timeframe (months / date)
		<p>podiatrists to train as Provisional Vaccinators.</p> <ul style="list-style-type: none"> Regular all Responsible Authority, Ministry of Health and Allied Health meetings. 				

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	Timeframe (months / date)
9.1	<p>The RA:</p> <ul style="list-style-type: none"> 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>The Board has a clear understanding of its role in protecting the health and safety of the public. The Board's website has a section "Our Responsibilities" that outlines the role of the Board. This includes information about how podiatrists are competent and fit to practice.</p> <ul style="list-style-type: none"> prescribe the qualifications required for scopes of practice within the profession; programmes to ensure the ongoing competence of health practitioners; receive and act on information from health practitioners, employers and the Health and Disability Commissioner about the competence of health practitioners; to consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession; to set standards of clinical competence, cultural competence and ethical conduct; to promote education and training in the profession; to promote public awareness of the responsibilities of the authority. 	FA			

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	Timeframe (months / date)
9.2	<ul style="list-style-type: none"> Provides clear, accurate, and publicly accessible information about its purpose, functions and core regulatory processes 	<p>The Board has a public website that contains key information on its role and functions and processes that regulate the practitioners.</p> <p>The Board publishes an annual report, newsletters, and there is a news section on the website.</p> <p>The Board are in the process of a website "refresh" to ensure both the public and practitioners have easy access to Board information and to ensure the Boards commitment to Te Tiriti o Waitangi is clearer. It is anticipated the new website will be launched before the end of 2021.</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	Timeframe (months / date)
10.1	<p>The RA:</p> <ul style="list-style-type: none"> Ensures that the principles of equity and of Te Tiriti o Waitangi/ the Treaty of Waitangi (as articulated in Whakamaua: Māori Health Action Plan 2020-2025) are followed in the implementation of all its functions 	<p>A strengthening of Māori membership on the Board has allowed a rethink how to become a Te Tiriti-compliant authority.</p> <p>This recognises that partnership with iwi and Māori underpins the principles and everything the Board does. Importantly, the principles relevant to this work are premised on the recent Waitangi Tribunal Claim – Wai 2575: the Health Services and Outcomes Inquiry.</p> <p>Subsequently, the Board are committed to;</p> <p>(a) ensuring Māori are represented in leadership and management roles throughout the organisation,</p> <p>(b) working in partnership with Māori in the design and the implementation of our regulatory work,</p> <p>(c) setting standards that require Podiatrists to demonstrate culturally safe care, and care that demonstrates a knowledge of Te Tiriti o Waitangi, and</p> <p>(d) actively protecting Māori rights and interests as part of the policy and standard setting work.</p>	PA	L	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.	6 – 12 months (up to 31 December 2022) and ongoing
10.2	<ul style="list-style-type: none"> Ensure the principles of Right-touch regulation are followed in the implementation of all its functions 	The six principles of right-touch regulation are proportionate, consistent, targeted, transparent, accountable, and agile.	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	Timeframe (months / date)
		<p>The Board demonstrates these principles through its policies, processes, systems, consultations, governance, commitment to Māori and how it works with its practitioners and stakeholders.</p> <p>The Board has completed a 2021 SWOT analysis and is in the process of establishing its next strategic plan aimed for February 2022. It intends to revisit the mission statement.</p>				
10.3	<ul style="list-style-type: none"> Identifies and addresses emerging areas of risk and prioritises any areas of public safety concern 	<p>There is a risk management policy in the governance policy. The Board has a document for key risks 2020-21 that is to be reviewed annually. It provides for categories and an additional risk chart.</p> <p>Opportunity for Improvement</p> <p>This performance review identified that a risk register approach could be considered that applies a methodology to record, assess and prioritise risks and would be updated and saved on an ongoing basis.</p>	FA			
10.4	<ul style="list-style-type: none"> 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>The Board consults and works with all relevant stakeholders to identify and manage risk to the public in respect of its practitioners and to identify emerging risks or public safety concerns. This includes the following:</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	Timeframe (months / date)
		<ul style="list-style-type: none"> • A collegial relationship with the Podiatry Board of Australia (PBA), and it continues to strengthen its ties with often annual joint meetings of representatives from both Boards. • A good relationship with AUT University Podiatry Department and there are regular communications regarding the podiatric curriculum, Board registration and continuing competence requirements and other matters of mutual interest. • It provides the results of its annual workforce survey to Health Workforce NZ (HWFNZ) which assists the Ministry for future health workforce planning. • Regular communications with Podiatry NZ and is committed to maintaining a good working relationship for the benefit of the profession. • Participate in regular joint PBNZ and Podiatry NZ webinars for the profession and for AUT students in support of ongoing education for the professions and protection of the public. • Close working relationship with their ACC Clinical Partner. 				

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						
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		<ul style="list-style-type: none"> The Associate Commissioner, HDC was due to attend the November 2021 Board meeting to discuss any emerging themes with consumer complaints but due to COVID-19 the meeting has been rescheduled for February 2022. 				
10.5	<ul style="list-style-type: none"> Consistently fulfils all other duties that are imposed on it under the HPCA Act or any other enactment 	<p>There is a Governance Policy that is being updated and a Board member code of conduct along with other policies for members.</p> <p>The Board meets four times per year (two days each) and is updating its strategic plan scheduled for February 2022. Governance policy identifies that the strategic plan is implemented by way of an annual plan that sets timeframes for the year.</p> <p>There are the following Board Portfolios: Governance, Finance & Secretariat, Education, Fitness to Practice / Recertification, Standards & Competence, Competence Review & Discipline, and Prescribing. All the portfolios report back to Chair and full Board</p> <p>There are number of documents for the induction of a new Board member who receives an orientation session prior to their first meeting.</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	Timeframe (months / date)
		<p>The annual report is published on the website each year. It describes the roles and functions, strategic goals, board meeting dates, registrations, APCs, competence, fitness to practice, CPD, complaints / discipline, linking with stakeholders, practitioner fees, and workforce data.</p> <p>The Board identifies that it fulfils its obligations as an employer and as a public, administrative and regulatory body.</p> <p>Opportunity for Improvement</p> <p>This performance review identified a need to update references to privacy legislation in identified policies to refer to the Privacy Act 2020.</p>				