

Ministry of Health | Manatū Hauora Consultation 2025

Putting Patients First: Modernising health workforce regulation

Context

1. The Podiatrists Board of New Zealand | Te Poari Tiaki Waewae o Aotearoa welcomes the opportunity to comment on the consultation document: Putting Patients First: Modernising health workforce regulation. As a Responsible Authority (RA) under the Health Practitioners Competence Assurance Act 2003 (HPCA Act), we support reform that puts people at the heart of healthcare, strengthens public safety, enhances cultural competence, and promotes equitable and timely access to high-quality health services.
2. In response to the Karanga | call for input in the consultation guidance, we have answered the questions posed in the portal. However, due to the consultation design and the very specific nature of the questions we are also providing this document to ensure we can provide appropriate context for our responses, in support of ensuring the Minister has all relevant information to inform decisions that will deliver the best outcomes for patients in Aotearoa New Zealand.
3. The primary function of the HPCA Act and the Podiatrists Board of New Zealand | Te Poari Tiaki Waewae o Aotearoa is public protection and a critical part of achieving this is by ensuring podiatrists are qualified, competent, and fit to practice, which in turn promotes public confidence in the podiatry profession and the health services they provide.
4. We are satisfied that our current regulatory mechanisms are adequate to ensure the quality of podiatry training in Aotearoa New Zealand, the timely assessment of overseas registration applications and the ongoing competency of all registered podiatrists, in support of public safety.
5. We do see some value in refining the regulatory model depending on the level of risk, but any definition of risk is inherently complex and should be determined by profession (as is already done) rather than as a blanket overview which may occur in any new regulatory model.

6. We also recognise that in the current climate any risk assessment affecting public safety must also encompass the ongoing shortages of health workers and the risks to patient safety posed by health services being unavailable or inaccessible.

7. We support refinements to strengthen and improve the existing regulatory model, but we believe these amendments can be achieved without a significant and costly wholesale overhaul of the current system, or via centralisation that risks diluting profession-specific standards and ultimately public confidence and protection.

8. We must emphasise strongly that **both** podiatrists and podiatric surgeons perform surgery, which of course comes with an associated risk, and we are also in the processes of implementing designated prescribing for podiatrists following the recent approval under the Medicines Regulations 2025. These scopes of practice must be supported by high quality training and accreditation processes and robust and agile regulation. This must also involve appropriate, achievable, and measurable continued professional development recertification programmes to enable practitioners to work to the fullness of their scopes of practice, whilst ensuring their ongoing competency and public protection.

9. Practitioner compliance with our regulatory processes is high and this is a reflection of best practice regulation, not low-risk practice and that is a very important distinction.

Opportunities for Improvement

Legislation

10. The Board's view is that the current HPCA Act is agile and robust and reflects a right touch approach to regulation that ensures public protection by providing appropriate regulatory mechanisms that are adequate to ensure health professionals are qualified, fit, and competent to practise.

11. We are not aware of any evidence to indicate that the current regulatory model is the main driver of the major challenges facing New Zealand's health system e.g. ageing infrastructure, wait times, pay disputes, issues attracting and retaining good talent, lack of clinical placements and funding. The Board supports an evidence-based approach to regulation and in the absence of clear evidence of a need to replace the HPCA Act, the Board urges the Government to carefully consider any momentous change to the current regulatory model.

12. The role of the regulator is public protection and changes to regulation will not increase the number of health professionals available to solve the health workforce issues in Aotearoa New Zealand, nor will it make them safer to practice. We would encourage the Government to consider that any unnecessary and costly changes at this time may further destabilise a health system that is already under extensive pressure.

13. That said, we agree that there are a number of amendments that could be made to the HPCA Act to future-proof and refine the current regulatory model and this Board has been fully engaged, alongside all the RAs, in providing those suggested improvements for the Ministry. The Board's view is that these amendments can be achieved without a significant overhaul of the current regulation of health professionals in Aotearoa New Zealand or a "lift and shift" of the functions and powers of the RAs to other organisations.

14. There are various pathways for health professionals to enter the workforce in Aotearoa New Zealand and we do not believe that the HPCA Act, or regulations limit these pathways in any way. The HPCA Act also supports the re-entry of health practitioners into the workforce, which is enabled by our return to practice competency policies. Alongside this, relevant and proportional safeguards can be implemented, such as placing conditions on a practitioner's scope of practice, to support public safety. These regulatory mechanisms are agile and can be adjusted or removed as needed to verify that practitioners are competent and fit to practice.

Patient-centred regulation

15. The Board support approaches that place patients at the heart of healthcare, which is vital to ensure that all New Zealanders have timely access to safe and high-quality healthcare. We also play a critical part in achieving this is by ensuring podiatrists are qualified, competent, and fit to practice, which in turn strengthen public confidence in the podiatry profession.

16. If the objective is to ensure patients receive timely, high-quality care from the most qualified professionals, then these professionals must be equipped to navigate systemic access barriers, address disparities, and operate to the full extent of their expertise. Regulation should be integral not only in maintaining high standards of practice among health professionals but also in reducing wait times and addressing health inequities for all patients. This is evident in our efforts to achieve the recently approved designated prescribing for podiatrists under the Medicines Regulations 2025, which involved extensive collaboration with the Ministry and all key stakeholders. We have also been fully engaged with the Ministry-led Foot Care Assistant (FCA) pilot programme, alongside our Professional Association (Podiatry NZ) in support of ensuring this workforce initiative is implemented safely and effectively to support timely and equitable access to healthcare services.

17. We affirm the fundamental role of public opinion shaping regulatory decisions and we currently lean on our laypersons to provide those perspectives. As you will be aware, increased public consultation can be costly and involve increased bureaucracy for limited value, particularly if any consultation process was structured with leading questions. We agree with other RAs that there is an opportunity for the Ministry of Health | Manatū Hauora or Health New Zealand | Te Whatu Ora to help strengthen public connections. Both the Health Quality and Safety Commission (HQSC) and the Health and Disability Commissioner (HDC) have access to consumer rōpū, but these

groups are often limited in availability and tightly managed due to costs. We would welcome the chance to collaborate on a shared consumer rōpū, allowing all RAs to enhance our collective ability to gather feedback and input from both the public and public organisations. Such a mechanism should include independent cultural and community representation and be resourced to enable responsiveness to the views of priority populations.

18. The Minister or Associate Minister of Health is already responsible for appointing members to the Board. We welcome the Minister's focus on diversity, as well as the emphasis on ensuring appointed members possess the necessary skills and expertise. We affirm the fundamental role of public opinion in shaping regulatory decisions and fully support the mandatory inclusion of laypersons on our regulatory bodies. Their diverse perspectives enrich the decision-making process and reinforce transparency, accountability, and public trust and their role is crucial to limit confirmation and status quo bias. The balance between laypersons and health practitioner members has been discussed over the years, and we support the adjustment to include an additional layperson to ensure that the views of members of the public remain central to our decision-making and governance.

19. New Zealand has a bicultural foundation which is anchored in the historical and legal significance of the Treaty of Waitangi | Te Tiriti o Waitangi, which establishes a distinct partnership between Māori and the Crown. Conversely, immigration has fostered a rich multicultural landscape, where diverse cultural identities coexist. Our regulation is deliberate in its attempt to recognise systemic and institutional behaviours as set out in the [Ministry of Health Position statement and working definitions for racism and anti-racism in the health system in Aotearoa New Zealand](#). Therefore, at the heart of patient-centred regulation is understanding who we are providing regulation for and we are encouraging of these courageous conversations with all of our stakeholders.

20. The consultation appears to question the role of cultural safety and competencies in healthcare, and we must reaffirm that clinical and cultural competencies are interconnected and essential to safe and effective healthcare, particularly in a richly diverse, multicultural environment. In our opinion, regulation that embeds cultural safety across the lifecycle of a podiatrist is vital to achieve equitable health outcomes for patients and any regulatory framework must not only uphold clinical standards but also our obligations to whānau-centred, mana-enhancing healthcare.

Streamlined regulation

21. The Podiatrists Board of New Zealand | Te Poari Tiaki Waewae o Aotearoa has a Service Level Agreement (SLA) with the Nursing Council of New Zealand (NCNZ) and is co-located with ten other RAs. This arrangement encourages and supports ongoing collaboration and the sharing of knowledge and experience, communications, resources and policies. This set up currently works well but we are of course open to any changes that further improve our efficiency, albeit with great care taken to

consider the associated costs/liabilities of any reform of our current model against measurable benefits and outcomes for the public.

22. In contrast, a large, overarching regulatory body that encompasses all regulated professions risks losing its connection to the public, individual professions, and key stakeholders. Such an organisation may struggle to maintain agility and adapt or respond effectively. One clear example of this was observing how slow and bureaucratically encumbered the COVID regulatory response was from AHPRA, in Australia, as the Boards tried to move the organisation to respond in a safe and timely fashion.

23. The RAs all have the same regulatory functions under s 118 of the HPCA Act, and the size of our organisation enables agility, to deliver on our core functions. As a small RA, we must once again bust the myth that small RAs struggle, as we have adequate resources to fulfill our regulatory functions efficiently, which we demonstrate clearly. Also, as a not-for-profit, Charities Services registered, independent statutory entity we are financially sound under the current model, albeit no doubt due in part to the great care taken by this Board to always focus resources on our defined s 118 functions in the HPCA Act.

24. Many of the RAs have different electronic registration management databases, which have been adapted to meet the differing registration requirements unique to each health profession. Any sensible amalgamation or restructure of RAs must be data/system driven and we can see the benefits of a same system driven initiative with an amalgamation of our backend functions only. However, this would still have to involve individual input from all current RAs to ensure the unique registration requirements of each profession is met to ensure the ongoing competence of practitioners and ultimately public safety. Also importantly, as a not-for-profit entity, we have a reasonable financial reserve only and so any major system changes will need to come with sufficient government support, expertise and funding.

25. The Board's aim is to make it as easy as possible for suitably qualified overseas candidates to apply for registration in Aotearoa New Zealand. The Board do not consider that we currently have any unnecessary barriers in place of the registration of podiatrists from overseas, and we have processes in place to assess all overseas qualifications and applications in a very timely fashion. This efficiency is essential as system need is currently high for podiatrists and the workforce prediction for future numbers of trained podiatrists is low.

26. For the avoidance of doubt, while it is the Board's view that the application process should not be overly bureaucratic, it is essential that overseas applicants are able to demonstrate that they satisfy New Zealand's requirements for fitness, competence and qualifications. Failure to meet those standards may result in unsafe and low-quality healthcare and this is not in the interests of New Zealanders.

27. We do not fully understand the suggestion in the consultation for an Occupations Tribunal, to review and ensure the registration of overseas-trained practitioners from

countries with similar or higher standards than New Zealand, in order to strengthen our workforce and deliver timely, quality healthcare. There are also already existing procedures for this in the current regulatory model for individuals who are dissatisfied with a regulatory decision, including the option to raise concerns for consideration, review a delegate's decision, or appeal the decision.

28. We must add that the registration system must also be responsive and agile enough to also weed out the very few applicants that would pose a risk to the public and the current model provides us with the appropriate regulatory mechanisms to achieve that fine balance.

29. We are well supported by the Trans-Tasman Mutual Recognition Act 1997 (TTMRA) which provides mutual recognition between New Zealand and Australia of equivalent occupations. This means a person who is registered, certified or authorised to practise an occupation in Australia, is entitled to practise an equivalent occupation in New Zealand after notifying the local registration authority. Under the TTMRA, there is a one-month legislative period required in deciding on a practitioner's application, which ensures there are no unnecessary delays in registration.

30. Considering the TTMRA, we would also advise that care needs to be taken to ensure that our regulatory approach, standards and checks and balances do not diverge significantly in any proposed reforms to adversely affect this arrangement.

Right-sized regulation

31. We support right-sized, right-touch regulation and practitioner compliance with our regulatory processes is high and this is a reflection of best practice regulation.

32. However, as we have already cautioned, **both** podiatrists and podiatric surgeons perform surgery, which comes with an associated risk that can result in immediate and lifechanging harm to patients. We are also in the processes of implementing designated prescribing for podiatrists and these scopes of practice must be supported by high quality training and accreditation processes and robust and agile regulation to ensure ongoing competency and public protection. Accordingly, we support that allied health regulators managing higher-risk scopes of practice retain their individual identity to safeguard professional integrity and patient safety.

33. We recognise that the critical shortage of healthcare professionals is a significant driver of poor health outcomes within our communities. As regulators, we uphold the standards that we produce that serve as essential safeguards for public safety. These standards are not bureaucratic restrictions, but foundational principles imbedded in competency, ensuring practitioners operate at a level that prioritises patient well-being. Compromising these benchmarks may inadvertently contribute to the escalating risks associated with medical misadventures, underpinning the necessity of maintaining a robust and competency-driven framework.

34. Our commitment to inclusivity and flexibility is how we approach our purpose (s3) and functions (s118) under the HPCA Act to ensure we remain agile and responsive to the evolving needs of Aotearoa New Zealand's communities. We prioritise building and maintaining strong relationships with stakeholders, actively seeking their input to ensure that the standards and guidance we develop not only ensure podiatrists are competent and fit to practice but also serve and protect the public.

35. Within any regulatory risk assessment process the benefits of professional mentoring, and avoiding isolated practice will feature strongly. We initiated a Tuakana-Teina mentoring programme in 2023, which is now led by our Professional Association (Podiatry NZ), alongside AUT University. These types of initiatives are essential to support new graduates, especially in professions that are dominated by private practitioners who are more at risk of isolation.

36. We would like to see all of our new graduates 'hit the ground running', however there currently remain barriers in place regarding sufficient service funding, and infrastructure for those areas of high need such as diabetes and other long-term conditions where our new graduates would be most beneficial for the public (i.e. rural communities, hospitals and outpatient departments).

37. We believe that that regulatory systems should also support life-long learning, adaptable scopes of practice, and recognition of transferable skills across other health professions. We actively discourage patch-protection of scopes in support of inter-professional collaboration and shared skill sets, whilst also acknowledging that it is an understandable trait in professions dominated by self-employment, who will naturally want to protect their livelihoods.

38. For completeness, the Board does not agree there is evidence to support the statement that "currently, the only option to regulate health professions is the most bureaucratic and expensive way". The Board's position is that it currently achieves right-sized and cost-effective regulation.

Future-proofed regulation

39. Our current regulatory programme supports future workforce development and is aligned with the [Health New Zealand | Te Whatu Ora Health Workforce Plan 2024](#) and the [Government Policy Statement on Health 2024 - 2027](#), and podiatry has huge potential to play an increased role in ensuring the delivery of safe, timely and equitable health services.

40. Government oversight is already included in the HPCA Act. The Minister has the authority to audit responsible authorities and conducts regular performance reviews of all our processes and procedures. We would welcome the Minister of Health continuing to provide an annual letter of expectations, as has been done previously. We would however caution against any shift that would enable political influence over individual registration, disciplinary or fitness to practice decisions. Independence, with

a balance of appropriate and useful oversight is essential for fair, transparent, consistent and non-bias regulation that is based on the principles of natural justice.

41. We support future-proofed regulation that enables and actively promotes multi-disciplinary/interprofessional and collaborative patient-centred care. The evidence-based benefits of pre and post registration inter-professional education - IPE (e.g. leads to improved collaborative care in practice) and the benefits of interprofessional collaboration itself feature strongly in our risk assessment processes, especially the importance of ensuring IPE is embedded at pre-registration level in the future. Our Chief Executive/Registrar represents the other RAs on the National Centre for Interprofessional Education and Collaborative Practice (NCIPECP) who are currently working with all the RAs to implement an all-RA Statement of Intent on Interprofessional Collaborative Practice and Interprofessional Education.

<https://ncipecp.aut.ac.nz/>

42. We are keen to approve focused future accreditation processes that will support the workforce. An example of this is the potential for a Graduate Entry Masters (GEM) Programme in Podiatry at AUT University, which could provide a fast-track into the podiatrist scope of practice and support the current workforce shortages. However, as we have previously inferred, achieving this outcome is dependent on funding and the availability of clinical placements, and would not be hindered by any of our regulatory processes.

43. As previously mentioned, we would welcome the opportunity to collaborate on the development of a shared registration database to support more efficient backend functions, provided the necessary funding and expertise are available for such a massive project.

44. Ongoing data collection and analysis is essential to future-proof all regulatory decisions and initiatives, including our ability to respond effectively to workforce issues. We work closely with the Health New Zealand | Te Whatu Ora Data and Digital Teams to support the Health Provider Index (HPI) database and to ensure that all podiatrists have Common Person Numbers (CPNs). They also provide this Board, our Professional Association (Podiatry NZ) and AUT University with mathematical workforce modelling which is invaluable, and we are keen to renew our data sharing agreement with those teams to ensure this vital support continues.

45. The Podiatrists Board of New Zealand | Te Poari Tiaki Waewae o Aotearoa strongly supports inclusive governance that reflects Te Tiriti o Waitangi obligations, health sector expertise, and the diversity of Aotearoa New Zealand communities.

Thank you for the opportunity to provide feedback on this consultation and we anticipate more engagement with the Ministry once the consultation is completed and any options presented are more clearly defined.