

Consultation: Podiatrist Prescriber Scope of Practice

Issued: 15 Sep 25

Submission closing date: 24 Oct 25



1. Executive Summary

The Podiatrists Board of New Zealand | Te Poari Tiaki Waewae o Aotearoa (the Board) is seeking your feedback on the new **Podiatrist Prescriber** additional scope of practice.

The [Health Practitioners Competence Assurance Act \(HPCAA\) 2003](#), requires the Board to specify the scopes of practice that make up the practice of podiatry in Aotearoa New Zealand. The HPCAA also requires the Board to prescribe the qualifications and fees for each scope of practice and accredit and monitor the associated educational institutions and courses of studies or programmes.

Practitioners registered with the Board in the podiatrist scope of practice who hold a current practising certificate will be able to apply for registration in the podiatrist prescriber additional scope of practice if they have achieved the qualification(s) prescribed for that additional scope and meet all registration requirements outlined by the Board.

This consultation is seeking your feedback on the following:

➤ Scope of practice description
➤ Education and training
➤ Registration requirements (includes initial supervision requirements)
➤ Registration and Annual Practising Certificate (APC) fees
➤ Competency Framework - Principles and Standards for Podiatrist Prescribers
➤ Continuing Professional Development (CPD) recertification requirements

The Board welcomes all feedback on the proposals outlined in this consultation document and you are invited to respond to the following questions.

1. Do you see any potential adverse consequences or risks that may impact consumers, and if so, how can they be mitigated?
2. Do the proposals place any unnecessary barriers in place of podiatrists training as podiatrist prescribers, and if so, how can these be prevented?
3. Do you have any other comments regarding the proposals?

This consultation provides health practitioners and all other interested parties with an opportunity to make submissions. We value all feedback which will be carefully considered by the Board before final decisions are made. If you would like to make a submission, please do so by **5pm Friday 24 October 2025**.

All submissions should be sent directly to registrar@podiatristsboard.org.nz

2. Our Role

The Podiatrists Board is one of 18 responsible authorities in Aotearoa New Zealand and the functions of each authority appointed in respect of a health profession are outlined in [section 118](#) of the [Health Practitioners Competence Assurance Act \(HPCAA\) 2003](#).

In its role as a responsible authority, the Board is also responsible for:

- Establishing a new podiatrist prescriber scope of practice
- Establishing a podiatrist prescribing programme/course
- Providing prescribing guidance
- Maintaining a register of podiatrist prescribers who re-apply annually for a practising certificate
- Ensuring only appropriately trained podiatrists prescribe medicines

3. Secondary Legislation

Following an application from the Board for designated prescribing for podiatrists, the Ministry of Health | Manatū Hauora gave notice on 14 April 2025 of the secondary legislation for [Medicines \(Designated Prescriber – Podiatrists\) Regulations 2025](#), under [section 105 of the Medicines Act 1981](#).

On 15 May 2025, the Director-General of Health approved the [Specified Prescription Medicines for the purposes of the Medicines \(Designated Podiatrist Prescriber\) Regulations 2025](#), pursuant to section 105(5A) of the Medicines Act 1981.

4. Purpose of Designated Prescribing for Podiatrists

Podiatrists' ability to deliver timely and appropriate end-to-end care is currently limited because they are unable to prescribe clinically relevant medicines. At present, podiatrists only have access to a small number of non-prescription medicines (including restricted (pharmacist-only), pharmacy-only, and General Sales List (GSL) medicines) for topical treatment of lower limb conditions, and to support some surgical procedures.

The current model of care for podiatric practice creates barriers and inefficiencies in the treatment pathway for those needing prescription medicines, significantly affecting individuals seeking podiatric care. Allowing podiatrists to prescribe a range of defined and clinically relevant medicines will enable patients to receive the necessary treatment directly from their podiatrist. This change would eliminate delays, reduce financial burdens, and simplify the process by removing the need for additional General Practitioner (GP) appointments.

Enabling designated podiatrist prescribing also provides an opportunity to align podiatric practice in Aotearoa New Zealand with that in other similar jurisdictions such as Australia, the United Kingdom, Canada, and the United States, where podiatrists can prescribe medicines.

For clarity, enabling podiatrist prescribing authority does not mean that podiatrist prescribers will have access to all medicine prescribing. The Ministry of Health, on behalf of the Director-General of Health (working with the Board), is responsible for establishing a Specified Prescribing Medicines List (SPML) that podiatrist prescribers can prescribe from. In developing the SPML, the Ministry consulted with those people or organisations that may be affected by the addition of specified prescription medicines to the podiatrist SPML before making a legal change.

The Specified Prescribing Medicines List (SPML) in Aotearoa New Zealand refers to a list of medicines that registered podiatrists can prescribe under specific conditions, as outlined by the Podiatrists Board. This list is a subset of the wider [Pharmaceutical Schedule](#), which details all medicines available in Aotearoa New Zealand.

5. Scope of Practice Description

A scope of practice sets out the area of practice podiatrists work in, and their competencies and responsibilities. The podiatrist scope of practice description and the proposed scope of practice description for a **Podiatrist Prescriber** are as follows:

Podiatrist

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.

Qualification

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.

Podiatrist Prescriber

A registered primary health practitioner who holds the scope of practice of Podiatrist and is further qualified to prescribe specified prescription medicines as approved by the Director-General of Health, pursuant to section 105(5A) of the Medicines Act 1981, following completion of a period of supervised practice determined by the Podiatrists Board.

Podiatrist Prescribers are designated prescribers and are governed by the Medicines (Designated Prescriber - Podiatrists) Regulations 2025. Podiatrist Prescribers may only prescribe within the limits of their scope of practice, competence, training and qualifications.

Qualification

Post Graduate level certification in podiatric therapeutics from an accredited New Zealand University as determined by the Podiatrists Board.

6. Education and Training Requirements

To become a podiatrist prescriber, podiatrists will enrol in a Certificate of Proficiency: a 30-point level 8 course, PODY803 Podiatric Therapeutics.

Entry requirements for enrolment into the podiatrist prescribing programme

Applicants must meet each of the criteria below:

1. Be registered with the Podiatrist's Board of New Zealand | Te Poari Tiaki Waewae o Aotearoa and hold a current practising certificate.
2. Be professionally practising in an environment where there is an identified need for the individual to regularly use independent prescribing.
3. Be able to demonstrate medicines and clinical governance arrangements are in place to support safe and effective independent prescribing.
4. Demonstrate the ability to critically reflect on their own performance and take responsibility for their Continuing Professional Development (CPD), including building and maintaining networks that support reflection, learning, and professional growth.

7. Registration Requirements (includes initial supervision requirements)

- a. A candidate for registration in the **Podiatrist Prescriber** scope of practice must satisfy all the following proposed requirements:

1	Hold a current practising certificate in the podiatrist scope of practice, with no conditions.	Candidates must be registered with the Podiatrists Board and hold a current practising certificate; the podiatrist prescriber scope is an additional scope of practice.
2	Provide evidence they hold a qualification prescribed by the Podiatrists Board for the purpose of the podiatrist prescriber scope of practice.	The Board's role is to specify qualifications that will lead to registration in a scope of practice and to accredit the course using agreed accreditation standards. Recency of qualifications will be assessed in line with the Board's return to practice competence policies.
3	Submit a Supervision Agreement , signed and dated by the supervisor.	The Supervision Agreement provides the Board with the assurance that a formal agreement is in place with an authorised prescriber to provide practice oversight for a period of supervised practice as determined by the Podiatrists Board. A Supervision Agreement Template will be provided.
4	Submit a Practice Plan , signed and dated by the supervisor describing how they will be supervised, management of conflict of interest and continuing professional development and peer support.	The Practice Plan provides the Board with the assurance that podiatrist prescribers demonstrate accountability for their practice and clearly understand their roles, responsibilities and limitations. A Practice Plan Template will be provided.
5	Satisfactorily complete the required period of supervised practice and submit a Portfolio of Evidence verified as complete by the supervisor.	The Portfolio of Evidence provides the Board with assurance that podiatrist prescribers are prepared and able to be accountable for their expanded practice. A Portfolio of Evidence Template will be provided which includes a Case Study Template.
5	Declare that their current practice meets the Podiatrists Boards Principles and Standards for Podiatrist Prescribers.	Podiatrist prescribers must demonstrate competence, safety and accountability for their expanded practice. They should ensure that their current practice meets the required standards by completing a professional review of their practice before commencing expanded practice in the new scope. This is a reflective exercise (self-directed with input from supervisor/professional peers) using the Podiatrists Boards Principles and Standards for Podiatrist Prescribers to identify areas where further learning and professional development is required. This declaration will be included in the Practice Plan Template.
6	Hold Professional Indemnity insurance that covers any prescribing activity.	Holding appropriate Professional Indemnity insurance provides protection against complaints or error associated with prescribing activities.

		The policy should explicitly cover prescribing activities, as some policies may have exclusions for certain professional services.
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b. Supervision purpose and requirements

Designated prescribers in Aotearoa New Zealand are generally required to work under supervision for a period after gaining their prescribing authority. This supervision is typically provided by an authorised prescriber (medical practitioners, dentists, pharmacists or nurse practitioner). The Medicines Act 1981 outlines the framework for prescribing and supplying medications in Aotearoa New Zealand, including the distinction between authorised and designated prescribers.

- Proposed supervision requirements:
 - For podiatrist prescribers, up to 12 months of their initial prescribing practice should include supervised practice by an authorised prescriber (with no conditions on their scope of practice).
 - The supervised practice should involve planned learning through observation, experience, discussions and reflection in prescribing environments, and this should be reflected in the Practice Plan.
 - Podiatrist prescribers must submit a Portfolio of Evidence includes evidence of 15-20 case studies (specific to prescribing practice) which cover the different classifications of medicines (e.g., antibiotics, local anaesthetics, analgesics, corticosteroids)) and a reflective diary describing practice challenges and quality improvement.
 - A practitioner must complete the supervised practice within 12 months of the date they are issued with a practising certificate for the podiatrist prescriber scope of practice.
 - This supervised practice ensures that the designated prescriber can confidently and safely prescribe within their scope of practice.
 - Supervised practice may decrease over time as the designated prescriber gains experience, in agreement with the supervisor.
 - While supervision may be time-limited, an ongoing mentorship relationship with an authorised prescriber is also recommended.

8. Fees

Under section 130 of the HPCAA, the responsible authority may also prescribe fees. Currently the registration fee for an additional scope of practice for a podiatrist (i.e. the additional scope of practice of podiatric surgeon), is published in the New Zealand Gazette as **\$235**. The Board are proposing no change to this fee for registration in the new additional scope of practice of podiatrist prescriber.

The current annual fee for a practising certificate for an additional scope of practice for a podiatrist is published in the New Zealand Gazette as **\$175**, so the Board are proposing the same fee for podiatrist prescribers.

The Board will be required to publish a Podiatrists (Fees) Notice in the New Zealand Gazette for the registration and practising certificate annual fee for the additional scope of podiatrist prescriber. The current [Podiatrists \(Fees\) Notice 2024](#) is available on our website.

9. Competency Framework – Principles and Standards for Podiatrist Prescribers

Currently, other health practitioner groups that have prescribing authority in Aotearoa New Zealand include medical practitioners, dentists, dieticians, midwives, nurses, nurse practitioners, optometrists and pharmacist prescribers. In 2024, these responsible authorities developed the [Principles for quality and safe prescribing](#)

[practice](#), which the Podiatrists Board adopted in May 2025. The primary rationale for the development of this statement was:

- a. to improve the quality of prescribing (and therefore contribute to improved health outcomes) by expecting that all prescribers practise according to the principles that the statement outlines, and
- b. to mitigate risk to the public by ensuring consistent regulation for prescribers (with respect to the prescribing activity) irrespective of professional background.

In practice, these principles will sit as an umbrella above the Podiatrists Boards own proposed Competency Framework – Principles and Standards for Podiatrist Prescribers, which is provided as separate document in this consultation. <https://podiatristsboard.org.nz/standards-policy-forms-resources/consultations/>

10. Continuing Professional Development (CPD) Recertification Requirements

Among other responsibilities set out in section 118 of the HPCAA, it is the Podiatrists Board’s role to recognise, accredit and set programmes to ensure the ongoing competence of health practitioners.

While an appropriate qualification provides the knowledge and skills necessary to enter the profession, it is by no means the final step of the educational process. For the safety of their patients, podiatrists are obliged to remain current on advances and trends in delivery of relevant healthcare services. This is achieved through participation in a variety of activities that constitute CPD.

CPD is a career-long obligation which must be responsive to the changing needs of individuals, groups and society. In this regard, the Board recognises that individuals learn in different ways. To address individual learning needs, the CPD recertification programme provides some freedom for each participant to self-direct their learning, however this is balanced against a need for evidence that meaningful and relevant learning is taking place.

As it is an additional scope of practice, all podiatrist prescribers will hold a current certificate in the podiatrist scope of practice. Therefore, they will continue to maintain their competence by completing the Board’s CPD recertification programme for the podiatrist scope of practice. The core requirements of that programme require all podiatrists who hold a practising certificate to engage in a minimum of 40 hours of CPD in every two-year recertification cycle. [The Board’s CPD Recertification Policy](#), includes the following core requirements:

1	COMPULSORY ACTIVITIES 8 of the 40 hours’ (minimum) CPD engagement must be Compulsory Activities 8 hours comprised of: Infection Control 3 hrs, Wound Management 2 hrs, Cultural Safety 3 hrs (see Appendix 1 for full explanation of activities)
2	PROFESSIONAL COMMUNICATION ACTIVITIES 16 of the 40 hours’ (minimum) CPD engagement must be Professional Communication Activities (see Appendix 1 for full explanation of activities)
3	PROFESSIONAL LEARNING ACTIVITIES 16 of the 40 hours’ (minimum) CPD engagement must be Professional Learning Activities (see Appendix 1 for full explanation of activities)
4	BASIC LIFE SUPPORT Basic life support Anaphylaxis certification

It is proposed that podiatrist prescribers will also be required to complete and submit evidence for the following additional CPD:

- Submit an annual Practice Plan, describing their area of prescribing practice and continuing development and peer support. The Practice Plan will also include a declaration that their current practice meets the Principles and Standards for Podiatrist Prescribers. This is a reflective exercise (self-directed with input from professional peers) to identify areas where further learning and professional development is required.
- Maintain a reflective diary, which describes practice challenges and quality improvement.
- Complete an additional 20 hours CPD every 2 years specific to their prescribing practice.

11. Next Steps

1. The Board to seek access to funded laboratory tests for podiatrist prescribers from Health New Zealand | Te Whatu Ora to support appropriate and safe prescribing.
2. The Board to seek approved provider recognition for podiatrist prescribers through Primary Family and Community Health Policy, Ministry of Health | Manatū Hauora.
3. The Board to apply to Pharmac for subsidy for medicines on the SPML for designated podiatrist prescribers (prescription medicines and non-prescription medicines) that are not already subsidised through the Pharmaceutical Schedule.
4. The Board to apply to Pharmac for medicines on the SPML for designated podiatrist prescribers (prescription medicines and non-prescription medicines) used in podiatry clinics to be subsidised through the Pharmac Practitioner's Supply Order (PSO) mechanism so that these medicines can be immediate available, subsidised, in the clinic.
5. The Board to promote podiatrist prescribers' use of an approved electronic system that is certified for use with the NZePS for the generation and transmission of electronic prescriptions.
6. The SPML for designated podiatrist prescribers will be updated from time to time. To enable this, the Board, working with the podiatric sector, will submit proposed amendments to the list to the Ministry of Health | Manatū Hauora, who will consult on the proposed changes. If approved, these changes will be published in the New Zealand Gazette.
7. The Board to develop and consult on the accreditation standards for the proposed podiatry prescribing programme and share them with the first course provider - Auckland University of Technology (AUT) to commence work on the prescribing programme development.
8. The Board to collaborate with Podiatry NZ to enable access to authorised prescribers for supervision, laboratory tests and patient records.

12. Further Considerations

To provide guidance on the appropriate prescribing and use of the medicine's podiatrist prescribers may prescribe, including that:

1. The SPML lists the prescription medicines that a podiatrist prescribers may prescribe. The list provides the generic name of the Active Pharmaceutical Ingredient (API) only, as per the Medicines Regulations 1984, Schedule 1, Part 1, Prescription Medicines. The published list does not provide formulations, strengths, indications, dosing, duration of treatment, or restrictions. The listed medicines may have multiple broad indications. If a medicine is included on the SPML for designated podiatrist prescribers, a podiatrist prescriber may only prescribe the medicine for an indication within their scope and area of practice. It is the Board's responsibility to provide this level of detail to support podiatrist prescribers within their scope of practice.
2. The SPML for designated podiatrist prescribers only specifies prescription medicines, not restricted (pharmacist-only), pharmacy-only, or unscheduled (GSL) medicines. The Board should consider

providing guidance for the appropriate prescribing and use of non-prescription medicines which podiatrist can also prescribe.

3. The SPML for designated podiatrist prescribers notes individual APIs only. Where combination products are used clinically, both agents (if prescription medicines) must be included on the gazetted SPML for designated podiatrist prescribers.
4. The Board will consider a broader communication plan for informing the public and the health sector about the training and credentialling requirements of podiatrist prescriber training, including the podiatrist prescriber course syllabus - aspects such as pharmacotherapy, pharmacokinetics, pharmacodynamics, medicine interactions, treatment monitoring and interpretation of laboratory test results that the course will contain, when to refer a patient for specialist treatment (e.g., an infection that is outside of the scope of practice (competence) of a podiatrist. prescriber) and the training provider(s). The post-credentialling, ongoing podiatrist prescriber supervision, monitoring and re-accreditation requirements also need to be made explicit.

Your feedback is important to us

This consultation is open from **15 September to 5pm on 24 October 2025**

All submissions should be sent directly to registrar@podiatristsboard.org.nz

Where possible please also give reasons for your feedback. As this is a public consultation, submissions received will be published on our website and will record the submitter's name and organisation or profession (for registered podiatrists). All other contact details will be removed.

1. Do you see any potential adverse consequences or risks that may impact consumers, and if so, how can they be mitigated?
2. Do the proposals place any unnecessary barriers in place of podiatrists training as podiatrist prescribers, and if so, how can these be prevented?
3. Do you have any other comments regarding the proposals?

If you have any further questions about this consultation, please don't hesitate to contact us at registrar@podiatristsboard.org.nz

Acknowledgements:

The Podiatrists Board of New Zealand | Te Poari Tiaki Waewae o Aotearoa engaged with many key stakeholders for guidance and advice on how to safely and effectively implement designated prescribing for podiatrists. We acknowledge the ongoing collaboration and support from the Ministry of Health | Manatū Hauora, Pharmac, Medsafe, Auckland University of Technology (AUT), Podiatry NZ, Pharmaceutical Society of New Zealand, Clinical Advisory Pharmacists Association (CAPA), Podiatry Board of Australia and our partner responsible authorities - Pharmacy Council, Nursing Council, Paramedics Council, Optometrists and Dispensing Opticians Board and Dieticians Board. We also acknowledge the invaluable advice from Liz Johnstone, Pharmacist, who guided us in the development of this framework.