

24 October 2025

Sandi Gale
Chief Executive and Registrar
Podiatrists Board of New Zealand
P O Box 9644
Wellington 6141

Sent via email to: registrar@podiatristsboard.org.nz

Dear Sir/Madam,

Re: Consultation: Podiatrist Prescriber Scope of Practice

The Pharmacy Guild of New Zealand (Inc.) (the Guild) is a national membership organisation representing community pharmacy owners. We provide leadership on all issues affecting the sector and advocate for the business and professional interests of community pharmacy.

Thank you for the opportunity to provide feedback on the proposed Podiatrist Prescriber additional scope of practice. We support the introduction of this scope, recognising its potential to enhance the accessibility, timeliness, and effectiveness of podiatric care. This is an important step in aligning podiatry with other designated prescriber pathways, providing practitioners with greater professional autonomy while maintaining robust safeguards for patient safety.

1. Potential adverse consequences or risks and how they can be mitigated

While expanding prescribing authority to podiatrists offers significant benefits in improving access and efficiency of care, careful attention to integration, consistency, and governance is essential to ensure patient outcomes remain positive, and that prescribing practices align with professional standards and regulatory requirements.

- There is a potential risk that podiatrist prescribing activity may not be sufficiently integrated with the patient's broader primary care record, resulting in duplication, drug interactions and fragmentation of care. We recommend Podiatrist Prescribers use an NZePS-complaint prescribing system, with prescribing data shared to the national medical record, maintain robust documentation, and communicate promptly with the patient's primary provider.
- Without strong antimicrobial stewardship and clear clinical pathways, there is potential for variable or inappropriate use of antibiotics, topical steroids, analgesics, and other medicines. Antimicrobial stewardship and medicine safety expectations should be embedded in the Competency Framework, supported by explicit training as part of the recertification or continuing competence cycle. A clearly defined formulary of approved medicines should be published, with any deviation requiring documented justification and escalation.

2. Unnecessary barriers for podiatrist prescriber training and how they can be prevented

The proposed Podiatrist Prescriber pathway is proportionate and aligned with other designated prescriber pathways, reflecting an appropriate balance between ensuring public safety and enabling professional workforce growth. However, to ensure the pathway remains accessible, practical, and equitable, particularly for practitioners working in rural, remote, or underserved settings, we recommend the following enhancements:

- Permit supervised practice to be completed based on demonstrated competence rather than a fixed duration. A competency-based approach, consistent with other healthcare professional prescribing scopes, will enable experienced and capable practitioners to progress efficiently once they can demonstrate clinical and prescribing competence, rather than being constrained by time-based requirements.
- Improve access to supervising authorised prescribers (mentors or designated supervisors) as access may be a significant challenge, particularly for practitioners in smaller or rural communities. We recommend exploring flexible supervision models, such as remote or hybrid arrangements, e.g., tele-supervision or tele-mentoring, and the development of regionally coordinated supervisor networks to ensure equitable access and consistency.
- Integrate prescribing-related continuing professional development (CPD) and training activities within existing recertification requirements, to avoid duplication of effort and reduce administrative burden, reinforcing a culture of lifelong learning in line with Podiatrist Board of New Zealand (PBNZ) standards rather than compliance-driven education.
- Monitor and evaluate the implementation of the Podiatrist Prescriber pathway by collecting and reviewing data on the uptake and outcomes, including completion rates, application numbers, geographic distribution, and access to supervision, to identify and address any unintended barriers, and inform future refinement of the training model.

3. Other comments

3.1 Defining clinical and prescribing authority within the Podiatrist Prescriber scope

- We recommend that the scope description be revised to explicitly capture all core components of clinical practice, including assessment, prescribing, administration, monitoring, and coordination of care, along with the authority to initiate, adjust, and deprescribe medicines within the Specified Prescribing Medicines List (SPML) and the practitioner's demonstrated competence, as follows:
"Podiatrist Prescriber: A podiatrist who, having met the prescribed qualifications and supervised-practice requirements, assesses and manages foot and lower-limb conditions within podiatry. The podiatrist prescribes, administers, adjusts, and deprescribes medicines from the SPML; orders and interprets relevant laboratory tests; and monitors outcomes in partnership with the person and their wider health team. The podiatrist prescriber uses an approved NZePS-compliant prescribing system, maintains comprehensive clinical records, practices in accordance with the Principles for quality and safe prescribing practice, and complies with all legal, professional, and cultural safety obligations."

3.2 Specified Prescribing Medicine List (SPML) and access for clinical use

- We support the establishment of a clinically relevant SPML that includes medicines commonly used in podiatry practice, such as local anaesthetics, antibiotics, corticosteroids, and antifungals. However, the SPML should be strictly tied to podiatric indications, with clear guidance on combination products, storage, safe administration, and inclusion criteria to ensure consistency, patient safety, and alignment with professional and regulatory standards.
- We endorse active engagement between PBNZ and Pharmac to ensure appropriate funding and subsidy arrangements for SPML items, and support access via Practitioner Supply Orders (PSO) for clinic-use medicines, enabling podiatrists to provide timely, on-site patient care, reduce unnecessary delays in treatment, and support equitable access and continuity of care.

3.3 Competency-based supervision and post sign-off support

- We support portfolio and case-mix requirements for supervised practice being maintained to ensure that podiatrists gain a breadth of clinical experience before independent prescribing.

- We recommend that optional mentorship should remain available after sign-off to provide ongoing guidance, support professional development, and reinforce best practice in prescribing. Supervision arrangements should include clear expectations for mentor qualifications, levels of oversight, and structured documentation, with peer review, case discussion, and regular audit embedded within the supervision framework to further strengthen governance, support safe prescribing practices, and promote continuous quality improvement.

3.4 Prescribing continuing professional development (CPD) and recertification

- We support an additional 20 hours of prescribing-specific CPD every two years, with a targeted focus on antimicrobial stewardship, quality use of medicines, diagnostic interpretation, and culturally safe communication, to ensure that podiatrists maintain up-to-date knowledge and skills relevant to safe, effective, and equitable prescribing.
- We also support integrating reflection, peer review, and clinical discussion into CPD activities to promote continuous learning and professional accountability. However, to reduce administrative burden and streamline recertification, prescribing-specific CPD should be recognised within broader podiatry CPD requirements, avoiding duplication of effort while ensuring alignment with the PBNZ's standards.

3.5 Equity and cultural safety

- We support the framework's emphasis on person-centered care, whakawhānaungatanga, and cultural safety, with these principles remaining explicit competency requirements, forming a foundation for safe, ethical, and culturally responsive prescribing and shared care practices.
- We recommend equity and cultural safety be actively integrated into CPD, supervision, and audit processes, so that practitioners are supported to continually reflect on and improve their practice and ensure that prescribing decisions are not only clinically appropriate but also responsive to the diverse needs of all communities, helping to reduce health disparities and promote equitable access to care.

Overall, the proposed scope, combined with the recommended refinements and safeguards outlined in our feedback, has the potential to enhance access to timely, high-quality podiatric care, support professional development, and ensure consistency and safety in prescribing practice across the profession. We commend PBNZ for its comprehensive approach and look forward to its effective implementation.

If you have any questions about our comments, please contact our Senior Advisory Pharmacists, Martin Lewis (martin@pgnz.org.nz, 04 802 8218) or Cathy Martin (cathy@pgnz.org.nz, 04 802 8214).

Yours sincerely,



Nicole Rickman

General Manager – Membership and Professional Services