



Minister of Health

Designated Prescribing Authority for Podiatrists

7 October 2024

These documents have been proactively released by the Ministry of Health on behalf of the Minister of Health, Hon Dr Shane Reti.

Title of Cabinet paper:

- Designated Prescribing Authority for Podiatrists

Titles of minutes:

- Designated Prescribing Authority for Podiatrists (SOU-24-MIN-0087)
- Report of the Cabinet Social Outcomes Committee: Period Ended 2 August 2024 (CAB-24-MIN-0280)

Title of briefing:

- Enabling designated prescribing authority by podiatrists under the Medicines Act 1981 (H2024043982)

Some parts of this information release would not be appropriate to release and, if requested, would be withheld under the Official Information Act 1982 (the Act). Where this is the case, the relevant sections of the Act that would apply have been identified. Where information has been withheld, no public interest has been identified that would outweigh the reasons for withholding it.

Key to redaction codes:

- Out of scope
- S 9(2)(a) to protect the privacy of natural persons.

Briefing

Enabling designated prescribing authority by podiatrists under the Medicines Act 1981

Date due to MO:	18 June 2024	Action required by:	12 July 2024
Security level:	IN CONFIDENCE	Health Report number:	H2024043982
To:	Hon Dr Shane Reti, Minister of Health		
Consulted:	Health New Zealand: <input type="checkbox"/>	Māori Health Authority: <input type="checkbox"/>	

Contact for telephone discussion

Name	Position	Telephone
Simon Medcalf	Deputy Director-General, Regulation and Monitoring – Te Pou Whakamaru	s 9(2)(a)
Ruihua Gu	Acting Group Manager, Quality Assurance and Safety, Regulation and Monitoring	s 9(2)(a)

Minister's office to complete:

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Decline | <input type="checkbox"/> Noted |
| <input type="checkbox"/> Needs change | <input type="checkbox"/> Seen | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn | |

Comment:

Enabling designated prescribing authority by podiatrists under the Medicines Act 1981

Security level: IN CONFIDENCE **Date:** 18 June 2024

To: Hon Dr Shane Reti, Minister of Health

Purpose of report

1. This briefing provides you with a Cabinet paper (Appendix 1) to enable designated prescribing authority for podiatrists who undertake the appropriate training under the Medicines Act 1981 (the Act).
2. This paper is for your consideration and to seek Ministerial consultation.

Cabinet paper

3. The Social Outcomes Committee (SOC) paper seeks agreement to extend designated prescribing authority to podiatrists who undertake the appropriate training.
4. The Cabinet paper outlines the problem analysis and options for improving access to podiatric care. It details the current barriers and inefficiencies in the system in accessing podiatric care, and the options for addressing these. It also outlines that the Ministry will undertake further steps and stakeholder consultation to consider and determine the list of medicines, following agreement by the SOC to progress.
5. Treasury, Te Puni Kōkiri | Ministry of Māori Development, Ministry for Ethnic Communities, New Zealand Qualifications Authority, Ministry of Business, Innovation and Employment, Ministry of Disabled People | Whaikaha, and ACC were consulted, and their feedback taken onboard.
6. A Regulatory Impact Statement (Appendix 2) has been prepared outlining the options and their impact.
7. Talking points have been provided (Appendix 3) for Ministerial consultation and for your attendance at SOC.

Next steps

8. Subject to your agreement, the SOC Cabinet paper is ready for Ministerial consultation.
9. Following Ministerial consultation, we would like to lodge the Cabinet paper on 17 July 2024 for consideration at the SOC meeting on 24 July 2024.

Recommendations

We recommend you:

- a) **note** that a Cabinet paper is attached to this briefing for you to seek Cabinet approval to extend designated prescribing authority to Podiatrists who undertake the appropriate training under the Medicines Act 1981. **Yes/No**
- b) **note** the talking points attached to this briefing **Noted**
- c) **circulate** the Cabinet paper for Ministerial consultation, requesting feedback no later than 5 July 2024. **Yes/No**
- d) **approve** the Cabinet paper for lodgement with the Cabinet Office for the Social Outcome Committee on Wednesday 17 July 2024, subject to Ministerial feedback. **Yes/No**



Dr Diana Sarfati
Director-General of Health
Te Tumu Whakarāe mō te Hauora
Date: 17 June 2024



Hon Dr Shane Reti
Minister of Health
Date: 23/6/2024



Cabinet

Minute of Decision


This document contains information for the New Zealand Cabinet. It must be treated in confidence and handled in accordance with any security classification, or other endorsement. The information can only be released, including under the Official Information Act 1982, by persons with the appropriate authority.

Report of the Cabinet Social Outcomes Committee: Period Ended 2 August 2024

On 5 August 2024, Cabinet made the following decisions on the work of the Cabinet Social Outcomes Committee for the period ended 2 August 2024:

SOU-24-MIN-0087 **Designated Prescribing Authority for Podiatrists** CONFIRMED
Portfolio: Health

Out of scope



Rachel Hayward
Secretary of the Cabinet



Cabinet Social Outcomes Committee

Minute of Decision

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Designated Prescribing Authority for Podiatrists

Portfolio Health

On 31 July 2024, the Cabinet Social Outcomes Committee:

- 1 **noted** that the Medicines Act 1981 allows the making of regulations to extend prescribing rights to designated prescribers;
- 2 **noted** that there are a number of benefits in giving designated prescribing authority to podiatrists, and any risk will be managed by the Ministry of Health, Podiatrists Board, and sector developing a specified list of medicines that podiatrists can prescribe from, and establishing a podiatrist prescriber course and register;
- 3 **agreed** that podiatrists that undertake the appropriate training can be given designated prescribing authority for clinically relevant medicines;
- 4 **noted** that new regulations are required to give full effect to the decisions under SOU-24-MIN-0087;
- 5 **authorised** the Minister of Health to issue instructions to the Parliamentary Counsel Office for regulations to give effect to the above decision, after the Ministry of Health has worked with the Podiatrists Board to confirm the medicines list and consulted with relevant stakeholders.

Jenny Vickers
Committee Secretary

Present:

Hon David Seymour
Hon Dr Shane Reti
Hon Erica Stanford
Hon Louise Upston (Chair)
Hon Mark Mitchell
Hon Matt Doocey
Hon Nicole McKee
Hon Casey Costello
Hon Penny Simmonds
Hon Melissa Lee
Hon Chris Penk
Hon Karen Chhour
Hon Nicola Grigg

Officials present from:

Office of the Prime Minister
Officials Committee for SOU

In Confidence

Office of the Minister of Health

Cabinet Social Outcomes Committee

Designated prescribing authority for podiatrists

Proposal

- 1 This paper seeks agreement for podiatrists who undertake the appropriate training to be given designated prescribing authority under the Medicines Act 1981.

Relation to government priorities

- 2 The extension of designated prescribing authority to podiatrists contributes to the Government's priority of delivering better health outcomes and ensuring the sustainability of the health system, by better utilising the health workforce and improving access to timely and patient-centred health care.

Executive summary

- 3 Podiatrists' ability to deliver timely and appropriate clinical care is currently limited because they are unable to prescribe clinically relevant medicines. The ability to prescribe would enable people accessing podiatry to get the prescriptions and treatment they need without the added delay, financial implications, and logistical burden of arranging appointments with a general practitioner (GP) or other medical specialist.
- 4 The Medicines Act 1981 provides that regulations can be made allowing designated classes of practitioner to prescribe nominated medicines.
- 5 I am seeking Cabinet agreement:
 - 5.1 that podiatrists that undertake the appropriate training be given designated prescribing authority
 - 5.2 if agreed, to draft secondary legislation to provide that prescribing authority, following further consultation and completion of Ministry of Health (the Ministry) processes (which include consideration of the list of medicines and a consultation process with relevant stakeholders).

Background

- 6 Podiatrists are clinical leaders in the management of lower limb conditions and provide diagnostic, preventative, and rehabilitative treatment of conditions affecting the feet and lower limbs. However, their ability to manage these is currently limited because they are unable to prescribe clinically relevant medicines, such as those used to treat diabetes-related foot conditions.

- 7 There are approximately 471 podiatrists who hold an annual practising certificate issued by the Podiatrists Board (the Board). They are spread across the country and work in a mixture of private clinics and community settings, including marae-based clinics in rural communities.
- 8 The Board is the responsible authority appointed under the Health Practitioners Competence Assurance Act (HPCA Act) Act 2003 in respect of the practice of podiatry. The Board's functions (as set out in section 118 of the HPCA Act) include setting standards of competence, registering practitioners and maintaining a register, setting scopes of practice, and ensuring practitioners' ongoing competence.
- 9 The Board undertook a robust consultation process on the proposal for designated prescribing authority. New Zealand - Te Whatu Ora and the former Māori Health Authority - Te Aka Whai Ora and Health were included in this consultation and supported the initiative.

Analysis

- 10 Currently, podiatrists are unable to provide end-to-end care to patients due to their inability to prescribe medications, which causes inefficiency and accessibility issues in the health system. At present podiatrists only have access to a small number of pharmacy-only and restricted medicines for topical treatment of lower limb conditions and to support small surgical procedures.
- 11 The current care model introduces barriers and inefficiencies into the treatment pathway for those who require prescription medications and can have significant impact for a person seeking podiatric care. This pathway can include:
 - 11.1 the person making an appointment with their GP to receive the required prescription – this GP appointment, costing on average \$80 per visit¹, is incurred by the patient,
 - 11.2 a treatment timeframe that may be delayed by the GP's availability – there is typically a delay in obtaining a GP appointment time,
 - 11.3 a second podiatric appointment, which is an additional cost to the person.
- 12 The ability to prescribe a range of defined and clinically relevant medicines would enable people accessing podiatry to be prescribed medications and receive treatment they need without the added delay, financial implications and logistical burden of arranging appointments with a GP or other medical specialist.
- 13 There is also the opportunity to align podiatric care with other similar jurisdictions. In Australia, podiatrists with additional training and expertise can apply for accreditation to prescribe a range of medicines. Podiatrists can also prescribe medications in the United Kingdom, United States, and Canada.
- 14 The Board as a responsible authority is responsible for maintaining a register of podiatrists, who re-apply annually for a practising certificate. If it were agreed to give podiatrists prescribing authority, a podiatrist prescriber would be identified on this

¹ Cost Resource Manual - version 3 (pharmac.govt.nz)

register and the Board would be responsible for ensuring only appropriately trained podiatrists were prescribing.

Options

- 15 Five options have been considered to determine whether there is a better pathway for patients seeking podiatric care:
 - 15.1 The status quo – this will mean that there will continue to be barriers accessing timely end-to-end care and other inefficiencies.
 - 15.2 My recommended option of giving podiatrists designated prescribing authority in line with that given to other professions such as nurse practitioners, optometrists, and pharmacists. This would give podiatrists who complete the required training the ability to prescribe a limited range of medicines relevant to podiatric care. It would improve efficiencies in the system, improve patient access to more timely care and reduce the burden of multiple visits for a single treatment. This would align New Zealand with the current regulations in Australia.
 - 15.3 Reclassifying medicines to allow podiatrists to prescribe them in their current scope. This would not improve the status quo as it is not likely to reduce barriers such as multiple appointments and does not allow for podiatrists to provide end-to-end care.
 - 15.4 Giving podiatrists authorised prescribing authority which would give podiatrists the ability to prescribe any medication. This would include medicines outside of their scope of care and places undue risk on the health system.
 - 15.5 Implementing standing orders for podiatrists. While this would allow for podiatrists to prescribe medicines related to podiatric care, there are barriers in relation to dispensing and remaining burden on the health practitioner issuing the standing order.

Risk mitigation

- 16 The risk of podiatrists being inadequately trained to prescribe medicines will be mitigated through the Board developing a podiatrist prescriber course and register. Initially to be a standalone qualification, this course would eventually become part of the undergraduate qualification for podiatrists.
- 17 If designated prescribing authority is agreed, the Ministry would work with the Board and sector to develop a specified list of medicines that the podiatrist would be able to prescribe from. Allowing them designated prescribing authority would not mean that they had access to all medicine prescribing.

Recommended course of action

- 18 I propose podiatrists be given designated prescribing authority. The Ministry will work with the Board to confirm the medicines list, as well as consult with relevant stakeholders.

Cost-of-living implications

- 19 This proposal will save people money through removing additional costs incurred by extra GP visits.
- 20 This proposal is likely to produce cost savings where amputations are reduced, through the absence of costs for prosthetics and impaired ability to work

Financial implications

- 21 There are minimal financial implications for this proposal. There may be increased prescribing of some medicines, but the costs are minimal.

Legislative implications

- 22 New regulations are required to established designated prescribers under the Act. These can be modelled on the existing regulations for the other designated prescribers.

Impact analysis

Regulatory Impact Statement

- 23 A Regulatory Impact Statement has been prepared and is attached to the Cabinet Paper. The Ministry's Papers and Regulatory Committee has reviewed the attached Regulatory Impact Statement.

Climate Implications of Policy Assessment

- 24 The Climate Implications of Policy Assessment (CIPA) team has been consulted and confirms that the CIPA requirements do not apply to this proposal, as the threshold for significance is not met.

Population implications

- 25 The priority groups this proposal has positive implications for include Māori, seniors, Pacific peoples, disabled people, veterans, rural communities, and ethnic communities. Granting designated prescribing authority to podiatrists is an important step towards improving health outcomes for Māori, as they have a higher uptake of podiatry services than non-Māori.

Human Rights

- 26 There are no inconsistencies with the New Zealand Bill of Rights Act 1990 or the Human Rights Act 1993.

Use of external resources

27 There were no external resources used in the preparation of this paper.

Consultation

28 Treasury, Te Puni Kōkiri - Ministry of Māori Development, Ministry for Ethnic Communities, New Zealand Qualifications Authority, Ministry of Business, Innovation and Employment, Ministry of Disabled People - Whaikaha, and ACC were consulted, and their feedback taken onboard.

Communications

29 The Ministry will inform the Board once a decision has been made. I will release a media statement once the regulations are in place and a proactive messaging will be prepared to accompany the statement.

Proactive Release

30 This paper will be proactively released to coincide with the timing of the regulations coming into force. It is anticipated this will be within 30 working days of the new regulations being authorised by the Governor General at the Executive Council, subject to any necessary redactions in accordance with the Official Information Act 1982.

Recommendations

The Minister for Health recommends that the Committee:

- 1 **note** that the Medicines Act 1981 allows the making of regulations to extend prescribing rights to designated prescribers;
- 2 **note** the benefit of giving designated prescribing authority to podiatrists and that the risk will be managed by a list of medicines they can prescribe, training, and register of prescribers;
- 3 **agree** that podiatrists that undertake the appropriate training can be given designated prescribing authority for clinically relevant medicines;
- 4 **note** that new regulations are required to give full effect to the recommendation;
- 5 **authorise** the Minister of Health to issue instructions to the Parliamentary Counsel Office for regulations to give effect to the above recommendation after the Ministry of Health has worked with the Podiatrists Board to confirm the medicines list and consulted with relevant stakeholders.

Authorised for lodgement

Hon Dr Shane Reti
Minister of Health